

5-1-98 B-6080 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S14364** (1)
1. Corporation Name
T.B.M. ELECTRICAL SERVICES, INC.



Principal Place of Business 10785 N.W. 53RD STREET SUITE 209 SUNRISE FL 33351	Mailing Address 10785 N.W. 53RD STREET SUITE 209 SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/26/1990	
				4. FEI Number 65-0243669	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STYLES, MICHAEL J. 629 S.E. 5TH AVE FT. LAUDERDALE FL 33310		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MAJDOWSKI, JOAN D	1.2 NAME	MAJDOWSKI, JOAN D.
STREET ADDRESS	2439 NW 95TH AVE	1.3 STREET ADDRESS	4392 HUNTING TRAIL
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	V	2.1 TITLE	V
NAME	MAJDOWSKI, RICHARD A	2.2 NAME	MAJDOWSKI, RICHARD A
STREET ADDRESS	2439 NW 95TH AVE	2.3 STREET ADDRESS	4392 HUNTING TRAIL
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	V	3.1 TITLE	V
NAME	MAJDOWSKI, JUNE H.	3.2 NAME	MAJDOWSKI, JUNE H.
STREET ADDRESS	301 SOUTH A1A	3.3 STREET ADDRESS	3475 S. OCEAN BLVD # 311
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	ST	4.1 TITLE	ST
NAME	MAJDOWSKI, JOAN D.	4.2 NAME	MAJDOWSKI, JOAN D.
STREET ADDRESS	2439 N.W. 95TH AVENUE	4.3 STREET ADDRESS	4392 HUNTING TRAIL
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on the attachment and an address.

SIGNATURE:  **JOAN D. MAJDOWSKI** 4/24/98 954-741-1004

CR2E034 (10/97)