

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 21 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # S33207 (9)**

1. Corporation Name  
**ECONOMIC ELECTRIC MOTORS OF BROWARD, INC.**

Principal Place of Business: **18640 NE 2ND AVENUE MIAMI FL 33179-4428**  
Mailing Address: **18640 NE 2ND AVENUE MIAMI FL 33179-4428**



2. Principal Place of Business		2a. Mailing Address	
21	26	27	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		28 City & State	
23	29	30	30
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>02/08/1991</b>	<b>03/30/1995</b>
4. FEI Number	Applied For / Not Applicable
<b>59-2562577</b>	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**HELLER, LAWRENCE R.  
C/O GILBRIDE, HELLER & BROWN P.A.  
ONE BISCAYNE TWR., 15FL., 2 S.BISCAYNE BLVD.  
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature of person being registered as agent (if applicable)

Signature of Agent (if person is not a resident of Florida)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HELLER, LAWRENCE R.</b>	2. NAME	
STREET ADDRESS	<b>2 S.BISCAYNE BLVD., 15FL</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD ALAVI, ALLEN</b>	22. NAME	
STREET ADDRESS	<b>247 NW 105 TERR</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD ALAVI, BARBARA</b>	32. NAME	
STREET ADDRESS	<b>247 NW 105 TERRACE</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Allen Alavi**

**3/15/96**

**305 651-0311**

Digitally signed by

Digitally signed by

CR2E034 (12/95)