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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:56

DOCUMENT # **V70965** (1)

1. Corporation Name
FLORIDA ELECTRO MECHANICAL, INC.

Principal Place of Business Mailing Address
429 GASTON FOSTER RD 429 GASTON FOSTER RD
S-C S-C
ORLANDO FL 32807 ORLANDO FL 32807
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1992** 3b. Date of Last Report **01/31/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3143364	Applied For Not Applicable
21	State, Apt. #, etc.	26	State, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 198.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BORTZ, GREGORY S 429 GASTON FOSTER RD S-C ORLANDO FL 32807				81	Name
				82	Street Address (P.O. Box Numbers Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	PD	1. TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORTZ, GREGORY S	1. NAME	Mackay, Paul C
STREET ADDRESS	429 GASTON FOSTER RD, S-C	1. STREET ADDRESS	429 Gaston Foster Road, Suite C
CITY, ST, ZIP	ORLANDO FL	1. CITY, ST, ZIP	Orlando, Florida 32807 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD-	2. TITLE	
NAME	BORTZ, JEFFREY A	2. NAME	
STREET ADDRESS	429 GASTON FOSTER RD, S-C	2. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	2. CITY, ST, ZIP	
TITLE	VP	3. TITLE	
NAME	GOLLINS, RUSTY G	3. NAME	
STREET ADDRESS	429 GASTON FOSTER RD, S-C	3. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	3. CITY, ST, ZIP	
TITLE	SD	4. TITLE	
NAME	BORTZ, SANDRA L	4. NAME	
STREET ADDRESS	429 GASTON FOSTER RD, S-C	4. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4. CITY, ST, ZIP	
TITLE	TD	5. TITLE	
NAME	MACKAY, LAURA A	5. NAME	
STREET ADDRESS	429 GASTON FOSTER RD, S-C	5. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	5. CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shows true and equally for the exemptions stated in Sections 198.002, 198.003, Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual report is true and accurate and that the corporation shall have the same legal effect as if presented in cash, that I am an officer or director of the corporation or the treasurer or treasurer empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory S. Bortz* **Gregory S. Bortz** 1-11-95 407-282-5367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR