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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V70965 (1)  
1. Corporation Name  
FLORIDA ELECTRO MECHANICAL, INC.



Principal Place of Business Mailing Address  
429 GASTON FOSTER RD 429 GASTON FOSTER RD  
SC SC  
ORLANDO FL 32807 ORLANDO FL 32807-1299  
US US

2. Principal Place of Business 2b. Mailing Address  
21 995 N. Goldenrod Rd 26 995 N. Goldenrod Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Ste. A 27 Ste. A  
City & State City & State  
23 Orlando, FL 28 Orlando, Fl.  
Zip Country Zip Country  
24 32807 25 USA 29 32807 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
10/09/1992 01/31/1996  
4. FEI Number Applied For  
593143364 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199 032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
BORTZ, GREGORY S B1 Name  
429 GASTON FOSTER RD B2 Street Address (P.O. Box Number is Not Acceptable)  
SC 995 N. Goldenrod Rd., Ste. A  
ORLANDO FL 32807 B3  
B4 City Orlando B5 Zip Code FL 32807

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V MACKAY, PAUL C. 429 GASTON FOSTER RD., SUITE C ORLANDO FL SD BORTZ, SANDRA L 429 GASTON FOSTER RD, SC ORLANDO FL TD MACKAY, LAURA A 429 GASTON FOSTER RD, SC ORLANDO FL PD BORTZ, GREGORY S 429 GASTON FOSTER RD., SUITE C ORLANDO FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	Delete - No replacement
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Bortz, Sandra L.
STREET ADDRESS		2.3 STREET ADDRESS	995 N. Goldenrod Rd., Ste A
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando, Fl 32807
TITLE		3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Bortz, Sandra L.
STREET ADDRESS		3.3 STREET ADDRESS	995 N. Goldenrod Rd., Ste. A
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, Fl. 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Bortz, Gregory S.
STREET ADDRESS		4.3 STREET ADDRESS	995 N. Goldenrod Rd., Ste. A
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Orlando, Fl. 32807 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 an attachment with an address.

SIGNATURE: *Gregory S. Bortz* 3-21-97 407-282-5367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

# FEMI

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**FLORIDA ELECTRO-MECHANICAL, INC.**  
**995 N. Goldenrod Rd., Suite A**  
**Orlando, Florida 32807**  
**Phone: (407) 282-5367**  
**Fax: (407) 282-4403**

March 21, 1997

Florida Department of State/Div. of Corporations  
Sandra B. Mortham  
Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Mortham:

Please find enclosed the 1997 Profit Corporation Annual Report packet. The following changes have occurred since the last report:

Current address: Florida Electro-Mechanical, Inc.  
995 N. Goldenrod Rd., Suite A  
Orlando, Florida 32807  
(407) 282-5367

Vice President (V): Delete Paul Mackay/no replacement at this time

Treasurer (TD): Delete Laura Mackay and insert Sandra L. Bortz

Secretary (SD): Same - Sandra L. Bortz

President (PD): Same - Gregory S. Bortz

Also enclosed is our check representing the 1997 Filing Fee. Further, please advise us of the status on the attached Certification.

Your assistance is greatly appreciated.

Sincerely,



Gregory S. Bortz  
President