

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S38632** (3)

1. Corporation Name
ANGELOCCI ELECTRIC, INC.



Principal Place of Business KENNETH P. ANGELOCCI 9179 LANTERN DRIVE LAKE WORTH FL 33467	Mailing Address KENNETH P. ANGELOCCI 9179 LANTERN DRIVE LAKE WORTH FL 33467-4745
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2. Principal Place of Business 21 9160 Palladium PL Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.
22 City & State Lake Worth FL	27 City & State SAME
23 Zip 33467	28 Country PAIM Bch
24	29

3. Date Incorporated or Qualified 04/01/1991	3a. Date of Last Report 03/11/1996
4. FEI Number 65-0252832	Applied For 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	

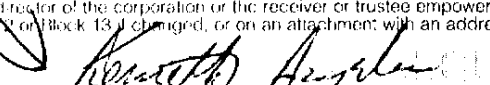
9. Name and Address of Current Registered Agent ANGELOCCI, KENNETH P. 9179 LANTERN DRIVE LAKE WORTH FL 33467	10. Name and Address of New Registered Agent 81 Name Kenneth P. Angelocci 82 Street Address (P.O. Box Number is Not Acceptable) 9160 Palladium Pl. 83 84 City Lake Worth FL 85 Zip Code 33467
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11. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE P	☒ Change ☐ Addition
NAME ANGELOCCI, KENNETH P.		1.2 NAME Kenneth P. Angelocci	
STREET ADDRESS 9179 LANTERN DRIVE		1.3 STREET ADDRESS 9160 Palladium Pl.	
CITY-ST-ZIP LAKE WORTH FL		1.4 CITY-ST-ZIP Lake Worth FL 33467	
TITLE ST	☐ DELETE	2.1 TITLE ST	☒ Change ☐ Addition
NAME ANGELOCCI, LISBETH L.		2.2 NAME Lisbeth L. Angelocci	
STREET ADDRESS 9179 LANTERN DRIVE		2.3 STREET ADDRESS 9160 Palladium Pl.	
CITY-ST-ZIP LAKE WORTH FL		2.4 CITY-ST-ZIP Lake Worth, FL 33467	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 or changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)