
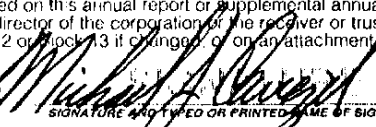


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|--|
| DOCUMENT # 301159 (0) 1. Corporation Name APPROVED ELECTRIC COMPANY OF FLORIDA | | | |
| Principal Place of Business 4874 S ORANGE AVENUE ORLANDO FL 32806 | | Mailing Address 4874 S ORANGE AVENUE ORLANDO FL 32806-6801 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 3. Date Incorporated or Qualified 01/25/1966 | | 3a. Date of Last Report 04/24/1996 | |
| 4. FEI Number 59-1112865 | | Applied For Not Applicable | |
| 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 | | | |
| 9. Name and Address of Current Registered Agent CAVEZEL, MICHAEL J 524 HARBOUR ISLAND RD ORLANDO FL 32809 | | 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 | |
| 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 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | |
| NAME | CAVEZEL, MICHAEL J | | |
| STREET ADDRESS | 524 HARBOUR ISLAND RD | | |
| CITY-ST-ZIP | ORLANDO FL | | |
| TITLE | S | <input type="checkbox"/> DELETE | |
| NAME | CAVEZEL, MARION E. | | |
| STREET ADDRESS | 2883 S OSCEOLA AVE #B-4 | | |
| CITY-ST-ZIP | ORLANDO FL | | |
| TITLE | VD | <input type="checkbox"/> DELETE | |
| NAME | CANNON, CHARLES W. | | |
| STREET ADDRESS | 9111 SABLE PALM CIRCLE | | |
| CITY-ST-ZIP | WINDERMERE FL | | |
| TITLE | T | <input type="checkbox"/> DELETE | |
| NAME | CAVEZEL, MICHAEL J. | | |
| STREET ADDRESS | 524 HARBOUR ISLAND RD. | | |
| CITY-ST-ZIP | ORLANDO FL | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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:  | | Michael J. Cavezel President 4-14-97 (407) 851-1220 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone | |

CR2E034 (9/96)