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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 434951

(0)

SHORES	S ELECTRIC, INC.						
Principal Place of Business 1880 N E 124 STREET NO MIAMI FL 33181		Mading Address 1880 N E 124 STREET NO MIAMI FL 33181-2613		- I INDINI DIDER INKL PHOLD READ TO HOL I			
					 Date Incorporated or Qualified 10/03/1973 	3a. Date of Last Report 03/15/1996	
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1510855	Applied For Not Applicable		
Suite Apt #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Addition.	al .	
City & State 23)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	,
Zip 24	Country 25	Zip 29 3	Country 10		This corporation has liability for Florida Statutes	rintangible tax under s. 199.03 Yes 🔲 No	2,
9. Name and Address of Curr		Registered Agent			10. Name and Address of New F	legistered Agent	
1880	KINS, LAWRENCE P O NE 124 ST. RTH MIAMI FL 33181		81 82 83	Name Street Addr	ess (P.O. Box Number is Not Accepta	able)	
			84	City	,	FL 85 Zip Code	
agent. La	to the provisions of Sections 607,0502 egistered agent or both, in the State om familiar with, and accept the chiligal hours of the chiligal state of the children by the state of the childre	bus Suc.	-Tre	w	red when reinstating)	1/29/97 DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
DILE	PVD	24 ST. 1.3:				☐ Change ☐ Ac	ldition
NAME	ASKINS, LAWRENCE						
STREET ADDRESS	1880 NE 124 ST.			ADDRESS			
City - ST - ZIP	no miami fl			T-21P		☐ Change ☐ A	dition
THLE	STD	☐ DEFELE	2.1 TITLE			LI Change LI A	Julion
NAME	ASKINS, MARY ANN		2.2 NAME	ADDDECC			
STREET ADDRESS	1880 NE 124 ST. NO MIAMI FL		2.3 STREET 2.4 CITY-5				
CITY-ST-7IP TITLE	D NO MIAMI FL	DELETE	3.1 TITLE	21 - 4IF		Change A	dition
NAMÉ	KUSHMEREK, HENRY J		3.2 NAME				
STREET ADORESS	1880 NE 124 ST.		3.3 STREET	ADDRESS			
COY-SI-ZIP	NO MIAMI FL		3.4. CITY - 5				
TITLE		DELETE	4.1 TITLE			Change A	dition
NAME			4. 2 NAME				
STREET ADURESS			4.3 STREET ADDRESS				
CITY-SI-ZF			4.4 CiTY - S	ST-ZIP		·,	
Inte		DELETE	5 1 TITLE			☐ Change ☐ A	ddition
NAME			5.2 NAME				
SYREET ADDRESS			5 3 STREET	ADDRESS			
CHTY - ST - ZIF		14.1 M. A. M.	5.4 CITY - S	3T- 2IP			4 dist -
TIDLE		☐ DELETE	6.1 TITLE			☐ Change ☐ A	ddition
NAM5			6.2 NAME				
STREET ADDRESS			6.3 STREET				
1	İ		C & CITY O	7 710			

14. Loo 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

FILED

Feb 05 1997 8:00am

Secretary of State