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 # 446302

121

1. Corporation			- (-	-,						
ELECTA	IICAL CONT	RACTORS, INC	 							
							E ARADIA BIRIA BIRIA BIRIA BIRIA BIRIA BERIR II	AND MARKATO METARIC METARIC PORTE DISTRICTURA	1)	
									}	
Principal Place	e of Business		Mailing Addres	Mailing Address			ı (Ambira Mindi: Medish Miram sasir Milini	At Alfris gibet Zibis dibit Albit Albit binit 184	1)	
123 NW 43RD ST				123 NW 43RD ST						
BOCA RATON	BOCA RATON I	FL 33431-425	54							
US			US				3. Date Incorporated or Qualified	3a. Date of Last Report		
							02/14/1974	04/11/1996		
2. Principal P	lace of Business	s	2a. Mailing Address				4. FEI Number	Applied F	For	
21			26				59-1517150	Not Appl	icable	
Suite, Apt	#, etc		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition		
22			27				S, COMMONO OF CIALOR DESIRED	Fee Required		
City & State	e		├¬ ′	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip Country			Z/p Country				Trust Fund Contribution			
Zip	105	n ´	<u>-</u>	-	ı ´		 This corporation has liability for Florida Statutes 	ir intangible tax under s. 199.0 Yes 🔀 No	132,	
24	25 0 Name an		29 nt Registered Agent		30[10. Name and Address of New F			
DAII	NTER, JAMES				81	Name	14.			
		DERAL HWY., SUIT	F #110		82	Ciron Ad	dress (P.O. Box Number is Not Accept	ahta)		
	CA RATON FL			,,,,,		Phes: vo	laress (P.O. Box Number is not acceptable)			
		00 102			83	****				
1	•				84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code		
					1			FL		
11. Pursuant	to the provision	s of Sections 607.050	02 and 607.1508, Flo	rida Statutes	s, the above	e-named co	rporation submits this statement for the ration's board of directors. I hereby acc	purpose of changing its regis	stered	
agent Fa	im familiar with.	and accept the oblig	ations of, Section 60	7.0505, Flori	ida Statute	s.	anona poard of directors. Thereby acc	opt the appointment as region	3160	
SIGNATURE										
12.	Signature, typed or p	ninted name of registered ag	pent and title if applicable ND DIRECTORS	(NOTE:	Registered Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	2	
TITLE	VST	OFFICE HS AN		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF		Addition	
NAME	LEWIS, FRE	EDDIE A.			1.2 NAME			••••		
STREET ADDRESS	123 NW 43				1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATE				1.4 CITY-S	ST-ZIP				
TITLE	PD			DELETE	2.1 TITLE			Change A	Addition	
NAME		ELIZABETH C.			2.2 NAME					
STREET ADDRESS	123 NW 43				2.3 STREET	ADDRESS				
DITY-ST-7IP	BOCA RATI	ON FL	·····		2. 4 CITY-	ST-ZIP	·			
TITLE			L	DELETE	3.1 TITLE			☐ Change ☐ A	Addition	
NAMÉ					3.2 NAME					
STREET ADDRESS					3.3 STREET	I				
C(TY - ST - ZIP				DELETE	3.4. CITY-	ST-ZIP		Change A	Addition	
TITLE			البيا	DILETE	4.1 TITLE	1		C Orientee C /	וועווועוו	
NAME Protest apopere					4. 2 NAME					
STREET ADDRESS						I ADDRESS				
CITY - ST - ZIP TITUE			П	DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIF		Change A	Addition	
NAME	}				5.2 NAME					
STREET ADDRESS	}					ADDRESS				
CITY - ST - ZIP					54 CITY-5	i i				
TITLE				DELETE	61 TITLE			☐ Change ☐ A	Addition	
NAME					62 NAME	1.				
STREET ADDRESS					63 STREE	T ADDRESS				

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. ELIZABETH C. RICHARDS 3/27/97

FILED

Mar 07 1997 8:00am

Secretary of State