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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 473258

(2)

QUALIFIED ELECTRIC, INC. Principal Place of Business Mailing Address P.O BOX 59-3264 225 W 6TH CT 2225-W- 67H 6T-- P31E& 13, ima im 194901000 17 HABLANL HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1975 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2461858 Not Applicable 21 26 Suite Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State C ty & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zφ Country $Z_{\rm IP}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DYSON, EUGENE JR. A1 Name 2225 W. OTH CT .- 2904 NW 52 AV C 82 Street Address (P.O. Box Number is Not Acceptable) HIMLENH FL 33010- MIAMI, FL 33142 83 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. EM . AP PRE, EUGENEDYSON, J. トリ・イト name over gellered agent and title if at plicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) PST DELETE Change Addition 1.1 TITLE TIT_E DYSON, EUGENE, JR. 1.2 NAME NAME CR2E034 2225 W. STHOT - ZGOY WIN 52 AVC 1.3 STREET ADDRESS STREET ADDRESS MIAMI, EI 33142 HIALEAH FL CITY-\$1-7/P 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE THILE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST 2.4 CITY-ST-ZIP Change DELETE 31 TITLE ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-SY-ZIP ☐ Change ___ Addition DELETE 4.1 TITLE TPLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - 7P Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZEP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE THUE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP CITY-ST-78

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 and cated 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-11-97 (305) 871-8989

FILED

Jan 21 1997 8:00am

Secretary of State