

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 473585 (8)

1. Corporation Name  
STRYKER ELECTRICAL CONTRACTING, INC.

Principal Place of Business  
825 PARKWAY STREET  
SUITE 1  
JUPITER FL 33458

Mailing Address  
825 PARKWAY STREET  
SUITE 1  
JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/04/1975

4. FEI Number  
59-1584267

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M ESQ.  
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, ROBERT M	1.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, LESLIE H	2.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, MICHAEL G.	3.2 NAME	
STREET ADDRESS	825 PKWY. ST.,STE.4	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, WILLIAM C.	4.2 NAME	
STREET ADDRESS	825 PKWY. ST.,STE.4	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ROBERT S.	5.2 NAME	
STREET ADDRESS	825 PKWY. ST.,STE.4	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, SHARON H.	6.2 NAME	
STREET ADDRESS	825 PKWY. ST.,STE.4	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	

14. I 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 G. Bryan, Secy Treas. 4/8/98*

CR2E034 (10/97)