SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

496316

(1)

ELCON ELECTRICAL CONTRACTORS CORP.

| FILED | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| Aug 20 1998 8:00am | | | | | | | | |
| Secretary of State | | | | | | | | |
| | | | | | | | | |



| Principal Place of Business Mailing Address | | | | | | IB BULL BEBUL BUBUL BU | SIL BIBII BIBII BIBII IBBI | |
|---|--|--|----------------------|--|--|------------------------|----------------------------|--|
| , , | | | | | | | | |
| P. O. BOX 5576 | | 2322 SW 58 AVENUE P. O. BOX 5576 | | | | | | |
| HOLLYWOOD F | | HOLLYWOOD FL 33083 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | 3. Date Incorporated or Qualified 02/10/1976 | | | | |
| 2. Principal P | lace of Business | 2a. Malling Address | | | | | Applied For | |
| 21 | | 26 P.O. BOX 5576 | | | 59-1561752 | | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$ | 8.75 Additional | |
| 22 | | 27 | | | 3. Certificate of Status Desired | | Fee Required | |
| City & Stat | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 HOLLYCODE |) | LA. | Trust Fund Contribution | | Added to Fees | |
| Zip | Country | | Country | | 8. This corporation owes or has p | | | |
| 24 | 25 | 29 33083 5576 30 | | | Personal Property Tax due Jun | | | |
| | 9. Name and Address of Curren | t Registered Agent | | T | 10. Name and Address of New R | egistered Age | nt | |
| | is, ralph p. | | 81 | Name | | | | |
| 1900 N 50 AVENUE | | | | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| HOL | LYW Ó OD FL 33021 | | 82 | | | | | |
| | | | 83 | | - | . | | |
| | | | 84 | City | | | Zip Code | |
| | | | 04 | City | | FL 🏻 | Zip Code | |
| 11. Pursuani | to the provisions of sections 607.0502 | 2 and 607.1508, Florida Statutes, the | above | named corpo | oration submits this statement for the pu | rpose of changi | ng its registered | |
| office or agent. I | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was authorations of, section 607,0505, Florida | rized by Statutes | the corporati 3. | on's board of directors. I hereby accep | t the appointme | nt as registered | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if andicable (NOTE: Re | A herefaine | gent signature reg | ulred when reinstating) | DATE | | |
| 12. | | | 13. | gon our out | ADDITIONS/CHANGES TO OF | | IRECTORS IN 12 | |
| TITLE | STD | | 1,1 TITLE | | | | Change Addition | |
| NAME | GILLIS, RALPH P. | Caperere | .2 NAME | | | | onange | |
| STREET ADDRESS | 1900 NORTH 50TH AVE. | | | ADDRESS | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | .4 CITY-S1 | | | | | |
| TITLE | PD | | 1 TITLE | ATIL. | | — | Change Addition | |
| NAME | GILLIS, H. FRANK | C DEEE IE | 2 NAME | | | <u> </u> | Shalige [_] Addition | |
| | 1900 NORTH 50TH AVENUE | | | ADDDCCC | | | | |
| STREET ADDRESS | HOLLYWOOD FL | | | ADDRESS | | | | |
| CITY-ST-ZIP | TIODE TOOD TE | | 4 CITY-ST | -ZIP | | - 7 | N | |
| TITLE | | C DECETE | | | | النا | Change Addition | |
| NAME | | | .2 NAME | .022224 | | | | |
| STREET ADDRESS | • | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4 CITY-ST | -ZIP | | | | |
| TITLE | | C Descrie | .1 TITLE | | | اليا ا | Change Addition | |
| NAME | | | .2 NAME | | | | | |
| STREET ADDRESS | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | .4 CITY-S1 | -ZIP | | | | |
| TITLE | | DELETE 5 | .1 TITLE | | | ، ليا | Change Addition | |
| NAME | | 5 | .2 NAME | | | | | |
| STREET ADDRESS | | 5 | .3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | 5 | .4 CITY-S1 | -ZIP | | | | |
| TITLE | | DELETE 6 | .1 TITLE | | | | Change Addition | |
| NAME | | 6 | .2 NAME | | | | | |
| STREET ADDRESS | | 6 | .3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | _ | 6 | .4 CITY-S1 | -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. 954 483 1203

ENGRIPH WILL OF WHEN POLICE