

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

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Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **523691**

(4)

1. Corporation Name
ELECTRICAL BY H.M.S., INC.



Principal Place of Business 2413 FISHER ISLAND DRIVE P.O. BOX 141626, CORAL GABLES, 33114 MIAMI FL 33109	Mailing Address 2413 FISHER ISLAND DRIVE P.O. BOX 141626, CORAL GABLES, 33114 MIAMI FL 33109-0104
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3. Date Incorporated or Qualified 01/13/1977	3a. Date of Last Report 05/21/1996
4. FEI Number 59-1711932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 UNIT 313 Suite, Apt #, etc. 22 7165 SW 47 ST City & State 23 MIAMI, FL Zip 24 33155	2a. Mailing Address 26 P.O. Box 141626 Suite, Apt #, etc. 27 CD City & State 28 CORAL GABLES, FL Zip 29 33114	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

**SCOTT, HOWARD F
8 PALERMO
SUITE 100
CORAL GABLES FL 33139**

10. Name and Address of New Registered Agent

81 Name HOWARD F. SCOTT
82 Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD
83 SUITE 870
84 City MIAMI
85 Zip Code FL 33161

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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEELE, HARRY M.		1.2 NAME HARRY M STEELE	
STREET ADDRESS 2413 FISHER ISLAND DR		1.3 STREET ADDRESS 9440 SW 7165 SW 47 ST # 313	
CITY - ST - ZIP FISHER ISLAND FL		1.4 CITY - ST - ZIP MIAMI, FL 33155	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEELE, DORIS O.		2.2 NAME DORIS O STEELE	
STREET ADDRESS 9140 SW 123RD CT., #0-105		2.3 STREET ADDRESS 2837 S. PONTE VEDRA BLVD	
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP PONTE VEDRA FL, 32082	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS

11/10/97

Date

Daytime Phone #

CR2E034 (9/96)