SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



FLORIDA DEPARTMENT OF STATE

	RPORATION UAL REPORT 1996	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
	MENT # 5365 ELECTRIC, INC.	75	(4)				1 40 0 û l 40 0 û 100 û ûn de gerê	I ástíl bib ki blad	n Bilbir didi	li Gibil 1881	1
Principal Place of Business Mahing Address 1001 N.W. 51ST. COURT FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 Mahing Address 1001 N.W. 51ST. COURT FT. LAUDERDALE FL 33309							3. Date Incorporated or Qual field 3a. Date of Last Report				
							06/07/1977		/1995	042011	
 Principal f 	Piace of Business	2a. Mailii 26	2a. Mailing Address 26				4. FEI Number . 59-1746481	· Applied For			
Suite, Apt	#, etc	Suite	Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Addit				
2 City & Sta	te	27 City 8	State				6. Election Campaign Financing			May Be	—
3		28					Trust Fund Contribution		Added I		
Zip 4	Country 25	Ζφ 29		30 Co.	untry		This corporation has liability for in Fiorida Statutes	ntangible tax under s. 199 032. Yes [] No			١.
	9. Name and Address of Cu		Agent				10. Name and Address of New Res				
WELCH, JAMES 1001 N.W. 51ST CT. FT. LAUDERDALE FL 33309			- 2			Street Ado	eet Address (P.O. Box Number is Not Acceptable)				
					84	City		FL	35 Zip (Code	
11. Pursuant office or agent 1 a SIGNATURE	registered agent, or both, in the S am familiar with, and accept the c	State of Florida, Section State of Florida, Sections of Sections	th change was on 607.0505, F	ites, the at authorized for da Stat	pove-r d by th utes	named corp ne corporat	poration submits this statement for the pu- tion's board of directors. Thereby accept	rpose of cha the appointn	nging its ient as re	registered agistered	 2d
40	Signature type the problem and of registers	ed agent and toe if applica SIAND DIRECTORS			st Agent	signature requ	med when renstating)	DATE			
12. Title	PSD	S AND DIRECTORS	DELETE	13.	 (T) E		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR Change	~ 	! tian
NAME	WELCH, JAMES				AME				onarigo		(,,,,,,,,
STREET ADDRESS	591 SE 12TH CT					DORESS					
CITY-ST-ZIP	POMPANO BCH FL			140	HY-\$1-	ZIP					
TITLE	The state of the s		DELETE	211	ITLE				Change	Add	dition
NAME				22 N	AME						
STREET ADDRESS				23S	THEET A	DORESS					
CITY - ST - ZIP			T person		CITY - ST	- ZIP					
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NAME Proces apposes				32N		norres					
STREET ADDRESS Dity-St-Zip						DORESS					
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NAME					VAME			ل ـــا			
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CITY-ST-ZIP					HY-\$1-						
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CITY-ST-ZP				5 4 C	IIY-SI-	ZIP					
TITLE			DELETE	611	ITLE				Change	Add	dition

617: \$1-2P

14. I do hereby certify that the information supplied with this filing is vofuntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's greature shall have the same legal effect as if made under oath, that I am an officer or directly of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Brock 12 or Block 13 if manged, or on an attachment with an address.

SIGNATURE:

3.4 CITY SI - ZIP

4.4 CITY SI - ZIP

5.4 CITY SI - ZIP

6.4 CITY SI -

6.2 NAME

6.3 STREET ADDRESS

64 CITY ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPES OFFICIAL DAME OF SIGNING OFFICER OR DIRECTOR 101 OF SIGNING OFFICE