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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 556305

(1)

| 1. Corporation Name DESIGN ELECTRICAL CONSTRUCTION, INC.  Principal Place of Business Mailing Address 1002 S.E. FIRST STREET BOYNTON BEACH FL 33435 US  Mailing Address 1002 S.E. 1ST. STREET BOYNTON BEACH FL 33435-5628 US |  |  |                          |                               |                       |  |                           |                                       |
|--|--|--|--------------------------|-------------------------------|-----------------------|--|---------------------------|---------------------------------------|
|  |  | -  |                          |                               |                       | <ol> <li>Date Incorporated or Qualified<br/>12/29/1977</li> </ol>  | 3a, Date of L<br>04/01/19 |                                       |
| 2. Principal Pla   | ace of Business  | 2a, Mailing Address  |                          | <del></del>                   |                       | 4, FEI Number  | 1 04/01/10                | Applied For                           |
| 21   |  | 26   |                          |                               |                       | 59-1801199   |                           | Not Applicab                          |
| Suite, Apt #   | f, etc   | Suite, Apt. #, etc.  |                          |                               |                       | 5. Certificate of Status Desired   |                           | .75 Additional                        |
| City & State   | ,  | City & State   |                          |                               |                       | <u></u>  |                           | ee Required                           |
| 23   |  | 28   |                          |                               |                       | Election Campaign Financing     Trust Fund Contribution  |                           | 5.00 May Be<br>dded to Fees           |
| Ζιρ  | Country  | Zip  | Cou                      | ntry                          |                       | a. This corporation has liability for  | intangible tax un         | · · · · · · · · · · · · · · · · · · · |
| 24   | 25   | 29   | 30                       |                               |                       |  | Yes No                    |                                       |
|  | g. Name and Address of Currer  | nt Registered Agent  |                          | 81 Name                       |                       | 10. Name and Address of New Re   | gistered Agent            |                                       |
|  | (ander, larry, b<br>s flagler dr., suite 1100  |  |                          |                               |                       |  |                           |                                       |
|  | T PALM BEACH FL 33401  |  |                          | 82 Street Ad                  |                       | ss (P.O. Box Number is Not Acceptat  | ole)                      |                                       |
| 1120   | THE PERIOD AND THE SOURT   |  | į                        | 83                            |                       |  |                           |                                       |
|  |  |  | -                        | 64 City                       |                       |  | 85                        | Zip Code                              |
|  |  |  | - }                      | ] [ (                         |                       |  | - FL ] ]                  |                                       |
| SIGNATURÉ _  | gistored agent, or both, in the State<br>in familiar with, and accept the oblig<br>Signalure, typed or proted name of registered age |  |                          |                               |                       | ration submits this statement for the points board of directors. I hereby accelulations are stated in the property of the prop | pt the appointme          | int as registered                     |
| 12.  | OFFICERS AN  |  | 13.                      |                               |                       | ADDITIONS/CHANGES TO OFFIC   |                           |                                       |
| TITLE  | PT PROPERTY OF   | DOELETE  | 1.1 TO                   |                               | P/'                   | r  | <b>↓</b> Ch               | hange [_] Additio                     |
| NAME<br>ATMENT ADDITION  | LIVERGOOD, BRUCE<br>2607 BAHIA RD.   |  | 1.2 NA                   |                               | L13                   | vergood, Bruc <b>e</b><br>33 Mystic Harbor Cir   | 1                         |                                       |
| STREET ADDRESS  <br>C'TY-ST-ZIP  | WEST PALM BEACH FL   |  | - 1                      | REET ADORESS<br>Fy - St - Zip |                       | ynton Beach, F1 334  |                           |                                       |
| TITLE  | S  | DELETE   | 21 Ti                    | <del></del>                   | 100                   | Aucon beach, 11 224  |                           | hange 🔲 Additio                       |
| NAME   | POLULACK, MARIANNE   |  | 2.2 NA                   | 2.2 NAME                      |                       |  |                           |                                       |
| STREET ADDRESS   | 3484 CHICKASAW CR  |  | 2.3 \$1                  | REET ADDRESS                  | 1                     |  |                           |                                       |
| CITY-ST-ZIP  | LAKE WORTH FL  |  | ~~~                      | 2. 4 City-St-Zip              |                       | · · · · · · · · · · · · · · · · · · ·  |                           |                                       |
| TITLE  |  | DELETE   | 3.1 Tr                   |                               | 1                     |  | ☐ Ch                      | hange                                 |
| NAME<br>STREET ADDRESS   |  |  | 3.2 N                    | me<br>Ree't address           | l                     |  |                           |                                       |
| CITY \$1-ZIP   |  |  |                          | keet adumess<br>Ty-ST-Zip     |                       |  |                           |                                       |
| TITLE  |  | ☐ DELETE   |                          | 4.1 TITLE                     |                       |  | ☐ CH                      | hange 🔲 Additio                       |
| NAME   |  |  | 4.2 N                    | AME                           | 1                     |  |                           |                                       |
| STREET ADDRESS   |  |  | 4.3 ST                   | REET ADDRESS                  |                       |  |                           |                                       |
| CHY-ST-ZIP   | ·  |  |                          | TY-ST-ZIP                     |                       |  |                           |                                       |
| TITLE  |  | DELETE   | 5.1 71                   |                               | 1                     |  | . Cr                      | hange 🔲 Additi                        |
| NAME<br>STREET ADDRESS   |  |  | 5.2 N/                   | me<br>Reet address            |                       |  |                           |                                       |
| CITY-ST-ZIP  |  |  |                          | neet audress<br>Ty-ST-ZIP     | 1                     |  |                           |                                       |
| TITLE  |  | ☐ DELETE   | 61 TI                    |                               | 1                     | <u></u>  | Cr                        | hange Addition                        |
| NAME   |  |  | 6.2 NA                   | ME                            |                       |  |                           |                                       |
| STREET ADDRESS   |  |  | 6.3 \$1                  | REET ADDRESS                  |                       |  |                           |                                       |
| CITY - SI - ZIP  |  | d - 35 44 (2.20)   |                          | TY-ST-ZIP                     | 1                     | 0-11-40-5-000 5-11-5   |                           | - Ab - 2 - 2                          |
| information  | ly certify that the information supplie<br>i indicated on this annual report or t<br>ficer or director of the corporation o          | sunnimis illing 000s 110[ QUB<br>sunnlemental annual renort is | ny ior ine<br>true and a | exemplion<br>exemplion        | stated t<br>of that n | in Section 119.07(3)(i), Florida Statute<br>ny signature shali have the same lega  | al effect as if ma        | y mai int<br>de under oeth: ti        |

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR

4/3/97 501-734-4181

**FILED** 

Apr 09 1997 8:00am

Secretary of State