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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CLIMENT #

	ELECTRICAL CONTRACT		(8)				
Principal Place of Business Mailing Address					I INDIDI BILIM BIL	FIDE WEDEL WINDS WENTE WINES WINES SOME	
4250 SW 73RD AVE. 9222 SW 136 TERRACE MIAMI FL 33155 MIAMI FL 33176						DO NOT INDITIO	E IN THIS SPACE
		US				3. Date Incorporated or Qualified	E IN THIS SPACE
						01/24/1978	
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26			59-1797033	Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stol	27						Fee Required
23	ө	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Zip Count			This corporation owes or has paid the current year Intangible	
24			30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	ent Registered Age	ent		Nines	10. Name and Address of New Ro	egistered Agent
	ARSHALL, BRIAN A			81	Name		
	22 SW 136 TERR.			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)
MIAMI FL 33176			83				
				84	City		85 Zip Code
					•		FL
office or agent. I a	im familiar with, and accept the ob-	ligations of, Section	607.0505, Flo	rida Statutes		rporation submits this statement for the ation's board of directors. I hereby acce	
12.	Signature, typed or printed name of registered	agent and tille if applicable. ND DIRECTORS	(NO1E	: Registered Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	P		DELETE	1.1 TITLE	_'	ADDITIONS/GITAINGES TO GITT	Change Addition
NAME	MARSHALL, BRIAN A.		1.2 NAME				
STREET ADDRESS	AAAA A 14. 444WI A WEEDO		1.3 STREET	ADDRESS			
CITY-ST-ZIP	4 51 4 5 h			1.4 CITY - ST	T-ZIP		
TITLE	STD DELETE 2		2.1 TITLE			Change Addition	
NAME	***************************************		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE			3.1 TITLE			Change Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP TITLE				3.4. CITY-S 4.1 TITLE	1-2117		Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE1	ADDRESS		
CITY-ST-ZIP				4.4 City- S1	ľ		
TITLE		L	DELETE	5.1 THILE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	address		
CITY-ST-ZIP			-	5.4 C(TY-S)	1-21P	····	
TITLE		L	_ DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6 3 STREET			
CITY-ST-ZIP		in the second		6.4 CITY-ST	1-7IP	Carller 440 07/07/3 Flavida Canada	

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.

FILED

Apr 13 1998 8:00am

Secretary of State