Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90060 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 565561

1. Corporation Name

B. & I. ELECTRICAL CONTRACTORS, INC.

Principal Place of Business		Mailing Address				f 18818t Billio Blief Brief Still Still				
4250 SW 73RD AVE.		9222 SW 136 TERRACE								
MIAMI FL 33155		MIAM! FL 33176			DO NOT WRIT	TE IN THIS S	SPACE			
		U\$			F	3. Date Incorporated or Qualifed	16 114 11110 6	<u> </u>		
					-	01/24/1978				
2 Principal Pl	lace of Business	2a. Mailing Address			-+	4. FEI Number			Applied For	
21	acc of Edulia	26			-	59-1797033		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\neg	<u> </u>		\$8.75	5 Additional		
22		27				5. Certifcate of Status Desired		Fee	Required	
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23		28				-Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	r		8. This corporation owes the curre				
24	25		30		$oldsymbol{\bot}$	Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current	t Registered Agent		T &1		10. Name and Address of New R	legistered A	gent		
MAD	CHALL DOIAN A		81	Name					į	
Marshall, Brian a 9222 SW 136 Terr.			82	Street A	Address	s (P.O. Box Number is Not Accepta	able)			
				1						
MIAW	Al FL 33176		83	1					1	
			84	City		-		85 Zi	ip Code	
				<u> </u>			<u>FĻ</u>	<u></u> _		
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ithorized by	tne corpo	corpora pration's	s board of directors. I hereby accep	of the appoint	ment as	registered	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Age	nt signature re	equired wh	nen reinstating)	DATE			
12.	_ 	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE					Chang	ge 🔲 Addition	
NAME	MARSHALL, BRIAN A.		1.2 NAME							
STREET ADDRESS	9222 S.W. 136TH TERR.		1.3 STREE	TADDRESS					ĺ	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	ST-ZIP						
TITLE	STD	☐ DELETE 2.1 T						Chang	ge 🗌 Addition	
NAME	MARSHALL, IRENE T.		2.2 NAME		1				1	
STREET ADDRESS	9222 S.W. 136TH TERR.		2.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL		2, 4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Chang	ge	
NAME	l		3.2 NAME							
STREET ADDRESS	j		3.3 STREE	T ADDRESS						
CITY-ST-ZIP	İ		3.4. CITY-	ST-ZIP	Í					
TITLE		☐ DELETE	4.1 TITLE					Chang	ge	
NAME			4. 2 NAME						+	
STREET ADDRESS			4.3 STREE	TADORESS	İ					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	İ					
TITLE		☐ DELETÉ	5.1 TITLE					[] Chang	ge 🔲 Addition	
NAME			5.2 NAME	1	1					
STREET ADDRESS			5.3 STREE	TADDRESS						
CiTY-ST-ZiP			5.4 CITY-S	ST-ZIP	1					
TITLE		☐ DELETE	6.1 TITLE				•	[] Chang	ge	
NAME	1		6.2 NAME							
STREET ADDRESS	l		6.3 STREE	TADDRESS	Ĭ					

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP