FILE NOW: FILING FEE AFTÊR MAY 1ST IS \$550.00									. FI	· ·		
CO	PROFIT CORPORATION NNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 23 1998 8:00am Secretary of State						
 Corporation 	MENT # 6942 ELECTRICAL INC.	77	(5)									
Principal Place of Business Malling Address 12346 WILES RD 12346 WILES RD CORAL SPRINGS FL 33076 US Malling Address 12346 WILES RD CORAL SPRINGS FL 33076 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						((C
O Gringing!	Place of Business	10-	Maille e Address					07/13/1981				
2. Principal P	race of business	2a. 26	Mailing Address				4.	. FEI Number 59-2110984		_	+	olied For Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		-		5.	. Certificate of Status Desired			75 A	dditional guired
			City & State			6.	Election Campaign Financing Trust Fund Contribution				May Be Fees	
Zıp 24	Country Zip 25 29			Country 30			8.	This corporation owes or has per Personal Property Tax due June		rrent yea		ngible No
	9, Name and Address of Cur		ered Agent	<u>-</u>		N	10.	Name and Address of New Re	egistered	Agent		
	LANKMAN, ESQUIRE, DOUGL	AS A.		1	31	Name						
ONE FINANCIAL PLAZA SUITE 1611					82 Street Address (P.O. Box Number is Not Acceptable)							
	T. LAUDERDALE FL 33394			-	33							
•	I. DIODENDALE I E 0000 I				_					_,,		
				8	34	City			FL	85	Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the St im familiar with, and accept the ob			ites, the abo authorized lorida Statu	by tes.	-named corporation	oratio ion's l	n submits this statement for the poord of directors. I hereby acce	ourpose o pt the app	f changi cointmen	ng its t as re	registered egistered
12.	Signature, typed or printed name of registered				Agen	nt signature require			DATE			
TITLE	OFFICERS A	AND DIREC	DELETE	13.	F			ADDITIONS/CHANGES_TO OFFIC	JERS ANI	D DIREC		Addition
NAME	MILA, MARIA		- 1	1,2 NAME						-gu		
STREET ADDRESS	3742 COCO LAKE DR			1,3 STR	EET A	ADDRESS						
CITY-ST-ZIP	COCONUT CREEK FL			1.4 CITY	- ST	- ZIP						
TITLE	PT DELETE			2.1 TITLE					Char	ige	Addition	
NAME STREET LODGESS	SAULS, STEPHEN 6960 NW 70 ST			2.2 NAME								
STREET ADDRESS CITY-ST-ZIP	PARKLAND FL			2.3 STREET ADDRESS								
TITLE	DELETÉ			2. 4 CITY-ST-ZIP 3.1 TITLE					☐ Chan	ide	Addition	
NAME				3.2 NAME					_	•		
STREET ADDRESS				3.3 STRE	ET A	NDDRES\$						
CITY-ST-ZIP					3.4. CITY-ST-ZIP			414 B 1 1				
) TLE	☐ DELETE				4.1 TITLE					∐ Chan	ıge	Addition
NAM".	<u> </u>				4. 2 NAME 4.3 STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				4.4 CITY								
TITLE		45-	☐ DELETE	5.1 TITLE	_	- 41				☐ Chan	ge	Addition
NAME				5.2 NAM	E							
STREET ADDRESS				5.3 STRE	ET A	DORESS						
CITY-ST-ZIP				5.4 CITY	-ST-	-ZIP						

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 of the receiver or trastes 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 abdress.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

755-3189 (954)

Change Addition