

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morzham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10: 21

DOCUMENT # 853109 (7)
1. Corporation Name
CONTI ELECTRIC INC.

Principal Place of Business Mailing Address
313 WEST GIRARD **313 WEST GIRARD**
MADISON HEIGHTS MI 48071 **MADISON HEIGHTS MI 48071**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified	3a. Date of last report
21		26		06/09/1982	03/29/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number	Applied For
22		27		38-1884765	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONTI, JOHN A. 8900 WASHINGTON BLVD., H.T. 103A PEMBROKE PINES FL 33025				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, JOHN A.	1.2 NAME	CONTI, JOHN A.
STREET ADDRESS	303 W. GIRARD	1.3 STREET ADDRESS	313 WEST GIRARD
CITY - ST - ZIP	MADISON HEIGHTS MI	1.4 CITY - ST - ZIP	MADISON HEIGHTS, MI 48071
TITLE		2. TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	AMANDA CONTI-DUHAIME
STREET ADDRESS		2.3 STREET ADDRESS	313 WEST GIRARD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MADISON HEIGHTS, MI 48071
TITLE		3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	H. MICHAEL JUERGENS
STREET ADDRESS		3.3 STREET ADDRESS	313 WEST GIRARD
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MADISON HEIGHTS, MI 48071
TITLE		4.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ANDREW CONTI
STREET ADDRESS		4.3 STREET ADDRESS	313 WEST GIRARD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	MADISON HEIGHTS, MI 48071
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation, its receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE: *H. Michael Juergens* 3-29-95 (810) 585-8930
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR DATE PHONE NUMBER
H. MICHAEL JUERGENS, VICE PRESIDENT