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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F70940

(4)

POMERANZ ELECTRIC, INC.

FILED Apr 15 1997 8:00am Secretary of State

| 1 <b>14 1 1 1 1 1 1</b> 1 1 1 |  | 11 HARA |  | ı |
|-------------------------------|--|---------|--|---|

| Principal Place of                      | Business                                    | Mailing A                                    | Address          |               |             |                      |  |             | Bat Athit mike               | #1011 1041            |
|---|---|--|------------------|---------------|-------------|----------------------|--|-------------|------------------------------|-----------------------|
| 2745 NE 15 ST<br>POMPANO BEACH FL 33062 |   | P. O. BOX 423<br>POMPANO BEACH FL 33061-0423 |                  |               |             |                      |  |             |                              |                       |
| US                                      |   |  |                  |               |             |                      | 3. Date Incorporated or Qualified 03/15/1982 |             | e of Last F<br><b>0/1996</b> | Report                |
| 2. Principal Place                      | of Business                                 | 2a. Maili                                    | ng Address       |               |             |                      | 4. FEI Number                                |             | A                            | pplied For            |
| 21                                      |   | 26   |                  |               |             |                      | 59-2164478                                   |             | N                            | ot Applicabl          |
| Suite, Apt. #, e                        | etc.  | Suite<br>27                                  | , Apt. #, etc.   |               |             |                      | 5. Certificate of Status Desired             |             |                              | Additional<br>equired |
| City & State                            |   |  | & State          |               |             |                      | 6. Election Campaign Financing               |             | \$5.00                       | May Be                |
| 23                                      |   | 28   |                  |               |             |                      | Trust Fund Contribution                      |             |                              | to Fees               |
| Zip                                     | Country                                     | Zip  |                  | Cou           | untry       | /                    | 8. This corporation has liability for it     |             |                              | 199.032,              |
| 24                                      | 25  | 29   |                  | 30            |             |                      |  | Yes [       |                              |                       |
|   | 9. Name and Address of Cu                   | rrent Registered                             | Agent            |               |             | ·                    | 10. Name and Address of New Re               | elstered A  | gent                         |                       |
| POMER                                   | RANZ, IRVING                                |  |                  |               | 81          | Name                 |  |             |                              |                       |
| 2745 N                                  | IE 15 ST.                                   |  |                  |               | 82          | Street Add           | dress (P.O. Box Number is Not Acceptab       | le)         |                              |                       |
| POMPA                                   | NO BCH. FL 33062                            |  |                  |               | L           |                      | ,      | ·           |                              |                       |
|   |   |  |                  |               | <b>B3</b>   |                      |  |             |                              |                       |
|   |   |  |                  |               |             | O:h                  |  |             | [ac] 7:-                     | O- 4-                 |
|   |   |  |                  |               | 84          | City                 |  | FL          | <b>85</b> Zip                | Code .                |
| 11. Pursuant to the                     | he provisions of Sections 607.              | 0502 and 607.150                             | 08, Florida Stat | utes, the a   | pov         | e-named cor          | rporation submits this statement for the p   | urpose of   | changing i                   | ts registere          |
| office or regis                         | stered agent, or both, in the S             | tate of Florida. Su                          | ich change wa    | s authorize   | ed by       | y the corpora        | ation's board of directors. I hereby accep   | ot the appo | intment as                   | registered            |
| agent i am t                            | arn liar with, and accopt the o             | nigations of, Sect                           | 1001 607.0505,   | Piorida Sta   | tutes       | <b>S</b> .           | all o  | -/4-        |                              |                       |
| SIGNATURE                               | satileazyped or plinted in the of registers | d agent and title it applic                  |                  | OTE Projetore | ad Ac       | ant signature seas   | ulred when reinstating)                      |             |                              | <del>4 </del>         |
| 12.                                     |   | AND DIRECTORS                                |                  | 13.           | - Carriago  | cit by late to to qu | ADDITIONS/CHANGES TO OFFIC                   | ERS AND     | DIRECTO                      | RS IN 12              |
|   | D   |  | DELETE           | 117           | TLE         |                      | 7,001,101,070,111,114,20,10,01,116           | 21107010    | Change                       | Additio               |
|   | OMERANZ, IRVING                             |  |                  | 1.2 N         | IAME        |                      |  |             |                              | _                     |
|   | 745 NE 15 ST.                               |  |                  |               |             | TADDRESS             |  |             |                              |                       |
|   | OMPANO BCH. FL                              |  |                  | ł             |             | ST-ZIP               |  |             |                              |                       |
| III.E                                   | Olili Mile Bolli I E                        |  | DELETE           | 2.1 T         | ~           | 31-211               |  |             | Change                       | Additio               |
| NAME                                    |   |  |                  | 2.2 N         |             |                      |  | •           |                              | b                     |
| STREET ADDRESS                          |   |  |                  | 1             |             | I ADDRESS            |  |             |                              |                       |
| i                                       |   |  |                  |               |             |                      |  |             |                              |                       |
| TITLE                                   |   | ***************************************      | DELETE           | 31 T          |             | ST-ZIP               |  |             | Change                       | Additio               |
| [                                       |   |  | been             | •             |             |                      |  |             | Cildings                     |                       |
| NAME                                    |   |  |                  | 1             | IAME        | LADDERG              |  |             |                              |                       |
| STREET ADDRESS                          |   |  |                  |               |             | ADDRESS              | •  |             |                              |                       |
| CHY-ST 7IP                              |   |  | DELETE           |               | <del></del> | ST-ZIP               |  |             | Change                       | [ ] Addition          |
| TIFLE                                   |   |  | ☐ DELETE         | 4.1 T         |             | 1.                   |  | 1           | Change                       | Additio               |
| NAME                                    |   |  |                  |               | NAME        |                      |  |             |                              |                       |
| STREET ADDRESS                          |   |  |                  | 4.3 S         | TREET       | T ADDRESS            |  |             |                              |                       |
| CILY-51 70°                             |   |  |                  |               |             | ST - ZIP             | 77777777, , , , , , , , , , , , , , , ,      |             |                              |                       |
| THLE                                    |   |  | ☐ DELETE         | 5 <b>1</b> T  |             |                      |  |             | Change                       | Additio               |
| NAME                                    |   |  |                  | 52 N          | IAME        |                      |  |             |                              |                       |
| STREET ADDRESS                          |   |  |                  | 538           | TREET       | T ADDRESS            |  |             |                              |                       |
| City-St-70                              |   |  |                  | 540           | ITY-5       | ST-ZIP               |  |             |                              |                       |
| THLE                                    |   |  | DELETE           | 617           | ITLE        |                      |  |             | Change                       | Additio               |
| NAME                                    |   |  |                  | 6.2 N         | MAME        |                      |  |             |                              |                       |
| STREET ADDRESS                          |   |  |                  | 6.3 S         | TREET       | T ADDRESS            | •  |             |                              |                       |
| CHY-ST-7IP                              |   |  |                  | 6.4 0         | STY-S       | ST-ZIP               |  |             |                              |                       |
|   |   |  |                  |               |             |                      |  |             |                              |                       |

14. I do 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.

SIGNATURE

SIGNATURE ATO TYPED OF PRIN

D OR PRINTED NAME OF SIGNING OFFICER OR DIF

BMERANZ

4/8/97 954-784-392

: Phone #

CR2E034 (9/96)