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

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE NAME

**FILED** May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # F71703 (5)CENTURY ELECTRICAL CONTRACTOR INC. Principal Place of Business Mailing Address 9425 CARLYLE AVE. 9425 CARLYLE AVE MIAMI BEACH FL 33154 MIAMI BEACH FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1982 24. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 59-2172178 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name HEGEDUS, GEORGE 9425 CARLYLE AVE Street Address (P.O. Box Number is Not Acceptable) SURFSIDE FL 33154 83 Zip Code 11. Pursuant to the provisions of Soctions 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 title if applicable (NOTE: Registered Agent signature required when reinstaling CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE HEGEDUS, GEORGE NAME 1.2 NAME 9425 CARLYLE AVE STREET ADDRESS 1.3 STREET ADDRESS SURFSIDE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE HEGEDUS, GEORGE 2.2 NAME 9425 CARLYLE AVE STREET ADDRESS 2.3 STREET ADDRESS SURFSIDE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE HEGEDUS, EVA NAME 3.2 NAME 9425 CARLYLE AVE STREET ADDRESS 3.3 STREET ADDRESS SURFSIDE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP T DELETE Addition Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

Change

4-29.1990

Addition

6.1 TITLE

6.2 NAME

4. Thereby 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 suppliemental 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

Higeolin

DELETE