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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

	C. MA	y Co nstruc	CTION AND ELE	ECTRICAL, INC.	,					
Pi	rincipal Plac	e of Business		Mailing Address	S				inn giait Bian asan as	I 61811 B)DII 1831
130 N.W. 24TH ST. 1515 NW 167 ST MIAMI FL 33127 MIAMI FL 33151 US								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 03/19/1982		
2.	2. Principal Place of Business			28. Mailing Address				4. FEI Number		Applied For
21	21			26				59-2180435		Not Applicable
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
23	City & Stat	е		City & State				Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
التنعا	Zip		ountry	Zip		Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has pa		
24		25		29	30	L		Personal Property Tax due June		□ No
			Address of Current	Registered Agent				10. Name and Address of New Re	gistered Agent	
		AY, PAUL				81	Namo			
ONE FINANCIAL PLAZA, SUITE 2602 FT. LAUDERDALE FL 33394						82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)	
THE MODERNATE COOK						83				
						84	City		FL 85	Zip Code
44 Purplied to the provinces of Sections 607 0502 and 607 1509 Florida Statutos the charge							named core	oration cubmits this statement for the	1	a its registered
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 registere 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.										as registered
SIGNATURE Signature, typed or preded name of registered agent and tric if applicable (NOTE Registere										
1	GNATURE	Signature, typed or print	ed name of registered agent	and trie if applicable	(NOTE Re	gistered Age	ent agnatura require	ed when reinslating)	DATE	******
12		Signature, typed or print	ed name of registered agent		(NOTE Re	gistered Age	ent signatura require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		FORS IN 12
12 TIT	!	P	OFFICERS AND				ent signaturo requin			
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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 eath; 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.

5.4 CITY - ST - ZIP

6 3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

Change

■ Addition

FILED

Feb 06 1998 8:00am

Secretary of State