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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F76693

(3)

BENSON ELECTRICAL CONTRACTOR OF SOUTH FLORIDA, I

NO.				
Principal Place of Business	Mailing Address			
4771 SW 51 STREET DAVIE FL 33314	4771 SW 51 STREET DAVIE FL 33314-5525			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. # etc	Suite, Apt. #, etc.			

FILED Apr 17 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

Not Applicable

04/16/1996

3. Date Incorporated or Qualified

04/19/1982

59-2566344

4. FEI Number

Suite 22	e, Apt. #_etc	Suite, Apt. #, etc.		Russia	5. Certificate of Status Desired	X	\$8.75 / Fee Re			
	& State	City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28			Trust Fund Contribution		Added t	o Fees		
Zιρ	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032.					
24	25		30			Yes				
	9. Name and Address of Current	Registered Agent	- 8	al .	10. Name and Address of New Ro	gistered	Agent			
	Carrier, Richard			1 Name	,			1		
FORT LAUDERDALE FL 33312			Ē	82 Street Address (P.O. Box Number is Not Acceptable)						
			-	83						
			8	3				1		
			[8	4 City	**************************************		85 Zip (Code		
				1		FL	<u> </u>			
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.										
SIGNA"	FURE Stortature typed or printed carrie of registered agen	and title if annivable (NOTE	Registered (gent signature require	Contesponar contraction	DATE				
12.	OFFICERS AND		13.	Son signature require	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12		
THLE	ST	☐ DELETE	1.1 TITU			***************************************	Change	Addition		
NAME	CARRIER, CLARA H.		1.2 NAM	ε						
STREET AT	AAAA AMA AAND AT		1.3 STR	ET ADDRESS						
CITY - S1 - I	FT. LAUDERDALE FL		1.4 CITY	-ST-ZIP				1		
TITLE	P	DELETE	2.1 TITL				Change	☐ Addition		
NAME	CARRIER, RICHARD W.		2.2 NAM	Ε.						
STREET AC	10RESS 3031 S.W. 22ND CT.		2.3 STRE	ET ADDRESS	₽ _{1,2}					
CHY-ST-	ZIP FT. LAUDERDALE FL		2.4 CIT	7-ST-ZIP	1			}		
TITLE		DELETE	3.1 T(TL				Change	Addition		
NAME			3.2 NAM	E .		1				
STREET AD	ORESS		3.3 STR	EET ADDRESS						
City-St-	ZiP		3 4. CIT	r-ST-ZIP						
THLE		DELETE	4.1 TiTL			· -	Change	Addition		
NAME			4. 2 NAM	AE						
STREEL AS	DURESS		4.3 STRE	ET ADDRESS						
CITY - ST -	710		4.4 CITY	-ST-ZIP						
TITLE		DELETE	5.1 TITL				Change	Addition Addition		
NAME			5.2 NAM	IE						
STREET AF	DDRESS		5.3 STRI	ET ADDRESS						
C(TY-\$1	ZiP		5.4 CITY	-ST-ZiP						
TITLE		DELETE	6.1 TITL				Change	Addition		
NAME.			6.2 NAM	E						
STREET AT	POHESS		6.3 STR	ET ADDRESS						
CHY-S1-	ZIF		6.4 CITY	- \$T - ZIP						
14. I de	b hereby certify that the information supplied	with this filing does not qualify	for the e	xemption stated	in Section 119.07(3)(i), Florida Statute	es. I furthe	er 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 13 if changed, or on an attachment with an address.

CLARA H. CARRIER, S/T