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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G45907

(4)

CONCORD ELECTRICAL CONTRACTORS, INC.

Principal Place of Business
Mailing Address
219 NE 35TH ST
219 NE 35TH ST

FILED
Apr 29 1997 8:00am
Secretary of State



MIAMI FL 33137			MIAMI FL 33137-3813					
							3. Date Incorporated or Qualified 06/23/1983	3a, Date of Last Report 05/01/1996
2. Principal P	lace of Business		2a. Mailing Addi	ress			4, FEI Number	Applied Fo
21			26				59-2318636	Not Applica
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additiona
22 City & Stat			27 City & State					Fee Required
23	le	}	 1				6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Count		28 Zip		Country		Trust Fund Contribution 8. This corporation has liability for it	
24	25	·	29	30	أ			Yes No
	g. Name and Addre				<u>-</u>		10. Name and Address of New Reg	istered Agent
TOP	LEY, MARK G		• • • • • • • • • • • • • • • • • • • •		81	Name		
219 NE 35 ST					82	Street Adv	dress (P.O. Box Number is Not Acceptab	a)
MIAMI FL 33137					[]		areas (1.10. Dox Number is Not Neoopial	
					83			
1					84	City		85 Zip Code
					"	0,		FL 3 Zip Code
office or r	to the provisions of Sec registered agent, or bot im familiar with, and acc	 h. in the State of f 	Ilorida Such char	rae was auti	horized b	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its register t the appointment as register
SIGNATURE								
40	Signature, typod or printed nair	OFFICERS AND D		(NOTE R	ing stered Ag	ent aignature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	`P	DE LOCKIO AND D	INCOTORIS DI	ELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Add
NAME	TOPLEY JR, JOHN	I A			1.2 NAME			
STREET ADDRESS	11090 GRIFFING E				1.3 STREE	ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK F				1.4 C(1) Y - 1	1		
TITLE	VP		DE	ELETE	2.1 TITLE	<u> </u>		☐ Change ☐ Add
NAME	TOPLEY, MARK G				2.2 NAME			
STREET ADDRESS	880 NE 69TH ST 1	# H9			2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL				2. 4 CITY -	ST-ZIP		
TITLE	ST		DI	ELETÉ .	3.1 TITLE			Change Add
NAME	VALDES, T JENNIE				3 2 NAME			
STREET ADDRESS	2501 SW 21 TERR	ì			3.3 STREET	ADDRESS		
CITY-ST-ZIP	MAMI FL				3.4 CHY-	ST-ZIP		
TITLE				ELFTE	4.1 TITLE			Change Add
NAME					4.2 NAME	ļ		
STREET ADDRESS					4 3 STREET	ADDRESS		
CITY-ST-ZIP					4.4 CITY-S	31 - ZIP		
TITLE			□ DE	ELETE	51 TITLE			☐ Change ☐ Add
NAME					5.2 NAME	Ì		
STREET ADDRESS					5.3 STREE	ADDRESS		
CITY-ST-ZIP					5.4 CITY - 5	31 - ZIP		
TITLE			DI	ELETE	6.1 TITLE			Change Add
NAME					6.2 NAME	ļ		
STREET ADDRESS					6.3 STREE	ADDRESS		
CITY-ST-ZIP					6.4 CITY-5	51 - 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 [Lenanged] or on an affact menium has address.

CIONATURE.

4-72-4

30 576 17r