FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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[illegible] 23 PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G84775** **(7)**

1. Corporate Name
ELECTRICAL TECHNOLOGIES CORPORATION

Principal Place of Business
6955 NW 77TH AVE. STE 303
MIAMI FL 33166

Mailing Address
6955 NW 77TH AVE. STE 303
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/13/1984**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: **59-2379980** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has been, for purposes of Florida Statutes, [illegible] ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, RICHARD E.
721 U.S. HWY ONE
PO BOX 14637
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, 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 [illegible] DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	CLARK, RICHARD E.	
STREET ADDRESS	17990 VIA RIO ROAD	
CITY-ST-ZIP	JUPITER FL	
TITLE	DPT	☐ Change ☐ Addition
NAME	DAVIS, CHARLES I. (SR.)	
STREET ADDRESS	120 COVE RD.	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	DVPS	☐ Change ☐ Addition
NAME	MANERING, RUSSELL J., JR	
STREET ADDRESS	10921 NW 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DVP	☐ Change ☐ Addition
NAME	DAVIS, JOHN W. S	
STREET ADDRESS	510 S.W. 17TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	☐ Change ☐ Addition
NAME	DAVIS, CHARLES I. (JR.)	
STREET ADDRESS	520 S.W. 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I declare (I) certify that the information supplied with this filing is voluntarily furnished and 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 serve as satisfaction of those requirements for each 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 added) associated with an address.

SIGNATURE: [illegible] (305) 885-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0183084 CP

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CORPORATION
ANNUAL REPORT
1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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AND
FILED

10: 21

TALLAHASSEE, FLORIDA

DOCUMENT # **G86127** **(9)**

1. Corporation Name:
D.A.G. ASSOCIATES, INC.

Principal Place of Business:
2929 NORTH BAY ROAD
MIAMI FL 33140

Mailing Address:
2929 NORTH BAY ROAD
MIAMI FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1984**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **59-2375555**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The annual report is submitted pursuant to Section 607.1622 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLOWINSKI, DAVID
2929 NORTH BAY ROAD
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 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: [redacted] (If changing Registered Agent, Registered Agent must sign above) [redacted]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
31	P	☐ Change ☐ Addition
32 NAME	GOLOWINSKI, DAVID	
33 STREET ADDRESS	2929 NORTH BAY ROAD	
34 CITY ST ZIP	MIAMI FL	
35	V	☐ Change ☐ Addition
36 NAME	GOLOWINSKI, SAMUEL	
37 STREET ADDRESS	539 CROWN STREET	
38 CITY ST ZIP	BROOKLYN NY	
39		☐ Change ☐ Addition
40 NAME		
41 STREET ADDRESS		
42 CITY ST ZIP		
43		☐ Change ☐ Addition
44 NAME		
45 STREET ADDRESS		
46 CITY ST ZIP		
47		☐ Change ☐ Addition
48 NAME		
49 STREET ADDRESS		
50 CITY ST ZIP		
51		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We 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, trustee or other court appointed fiduciary required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with the address.

SIGNATURE: [signature] DAVID GOLOWINSKI 5/17/95 305-534-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148184 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY ... AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G89108** **(6)**

1. Corporation Name
SMILING SUN, INC.

Principal Place of Business:
% ROBERT MAHAFFEY
1895 KUDZA RD
WEST PALM BEACH FL 33415

Mailing Address:
% ROBERT MAHAFFEY
1895 KUDZA RD
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2411807 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

MAHAFFEY, ROBERT
1895 KUDZA RD
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MAHAFFEY, ROBERT
STREET ADDRESS	1895 KUDZA RD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VTD
NAME	MAHAFFEY, JUDY
STREET ADDRESS	1895 KUDZA RD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	MAHAFFEY, JUDI
STREET ADDRESS	1895 KUDZA RD
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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: Judy A Mahaffey Judy A Mahaffey 4-29-95 407-964-2994

0253281 CP