FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

ELECTRICAL TECHNOLOGIES CORPORATION

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

2. Principal Place of Business 21 6913 N.W. 77th Ave	2a. Mailing Address 26 6913 N.W. 77th Ave
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

3. Date Incorporated or Qualified 02/13/1984	3a. Date of Last Report 05/23/1995
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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, RICHARD E. 721 U.S. HWY ONE PO BOX 14637 NORTH PALM BEACH FL 33408	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 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 _____ DATE
Signature, typed or printed name of registered agent and date (Required) (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	CLARK, RICHARD E.		1.2 NAME		
STREET ADDRESS	17990 VIA RIO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	33458	
TITLE	DPT	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, CHARLES I. (SR.)		2.2 NAME		
STREET ADDRESS	120 COVE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL		2.4 CITY-ST-ZIP	33413	
TITLE	DVPS	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	MANERING, RUSSELL J., JR		3.2 NAME		
STREET ADDRESS	10921 NW 16TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	33026	
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, JOHN W. S		4.2 NAME		
STREET ADDRESS	510 S.W. 17TH WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	33029	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, CHARLES I. (JR.)		5.2 NAME		
STREET ADDRESS	520 S.W. 178TH WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP	33029	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby 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 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: Charles I. Davis Jr. 1-31-96 (305) 885-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)