## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT STATE

Sandra B. Mom

Secretary of § DIVISION OF CORPINA

	1001	DIVIDION OF	CORPHONS	Beerett	ny or state
	UMENT # <b>H272</b>				·
R.E. BARDIN ELECTRICAL CONTRACTORS, INC.  Principal Place of Business Mailing Address  6701 SUNSET DR  STE 101					
MIAMI FL 33143		STE 101			
US	••••	MIAMI FL 33143-4529 US			
2 Principa	Il Place of Business			3. Date Incorporated or Qualified 10/25/1984	3a. Date of Last Report 01/25/1996
<del>-</del>	ir riace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite A	pt. #, etc:	26		59-2455379	Not Applicable
22	·	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	iaie	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ <b>24</b>	Country	7 <sub>ip</sub>	Chtry	8. This corporation has liability for	——————————————————————————————————————
24	25	29	30		Yes 🔯 No
12	<ol> <li>Name and Address of Curr ACKENDREE, RONALD O.</li> </ol>	rent Registered Agent		10. Name and Address of New Re	gistered Agent
	101 SUNSET DR		B1 Name		
	E 101		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	AMI FL 33143				
1716	Ami 1 E 00 140		83		
			84 City		85 Zip Code
11. Pursuan	at to the provisions of Coulty Court				
office or	registered agent, or both, in the Sta	502 arid 607.1508, Florida Statute ite of Florida. Such change was a	s, the love-named co	rporation submits this statement for the p	purpose of changing its registered
agent I	am famelar with, and accept the obl	igations of Section 607.0505, Flo	umonza by the corpora rida Stutes	rporation submits this statement for the pation's board of directors. I hereby accept	or the appointment as registered
SIGNATURE					
12.	Signature Type 4 or printed menor of region in dia		Rogister Agent signature req		DATE
TITLE	P	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	BARDIN, R.E.	DELETE	1.1 1∰:		☐ Change ☐ Addition
STREET ADDRESS	ATAL MILLIAGE BE ASSESSED.		1.2 NME		
CITY - ST - ZIP	MIAMI FL		1.3 SEET ADDRESS		
TITLE	W		1 4 OY-ST-ZIP		
NAME	BADARACO, EDGAR	DELETE	2.1 T E	V.P.	Change Addition
STREET ADDRESS	704 11000		\$5 NWE 4	ALEMANIA	KNALDO
City - ST - 7IP	HIALEAH FL		2.3 STEET ADDRESS	77.72 5.W. 34 TOY	<i>7.</i>
TITLE		Dr. byr	2 4 QY-ST-ZIP	ALEMAN, A 7772 5.W. 34 Torr Migmi, FL, 3315	5
NAME	1	L DELETE	31TLE	,	☐ Change ☐ Addition
STREET ADDRESS			32 NME		
CITY - ST - ZIP			3 3 STEET ADDRESS		
TITLE			3.4. CTY - ST - ZIP		
NAME		☐ DELETE	4 1 TILE		Change Addition
STREET ADDRESS			4. 2 MME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
THILE		DELETE	4 4 CTY - ST - ZIP		
NAMÉ		ב"ו מנרנוג	5.1 TVLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP		
1					
NAME į		EJ biccii	6.1 TITLE		☐ Change ☐ Addition
NAME STREET AUDRESS /		Land Direction	6.2 NAME 6.3 STREET ADDRESS		L_1 Unange L_1 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 appears in Block 12 or Block 3 if change or on an attachment with an address.

SIGNATURE: X

R. E. BARDIN, PRESIDENT

**FILED** 

Jan 15 1997 8:00am

Secretary of State