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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30748

(8)

DADE PRE-WIRE AND RETROFIT, INC.

FILED
May 05 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address			A TROUBLE BREA FILLE EAGLE LEBRY DICOL LALV GERFF DIGIL DIGIL BEDEL BEDEL DER TORIS	
HCR 1 BOX 133 HCR 1 BOX 133 HCR 1 BOX 133 HHOWARD A. LAVIN. (P. O. BOX 69) HOWARD A. LAVIN. (P. O.			ID 0 DOV 00	
OLD TOWN FL 32680	. O. BUX 09)	94HOWARD A. LAVIN. OLD TOWN FL 32680	(P. O. BOX 69)	DO NOT WRITE IN THIS SPACE
000 10111112 0000		000 101111 12 02000		3. Date Incorporated or Qualified
				11/20/1984
2. Principal Place of But	siness	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-2473841</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Z <sub>IP</sub>	Country	8. This corporation owes or has paid the current year Intangible
24	25	10-1-1-1-1	30	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent    AVM HOWADD A   81 Name				
LAVIN, HOW			101   11a	inc
HCR 1 BOX 133			<b>82</b> Stre	et Address (P.O. Box Number is Not Acceptable)
OLD TOWN FL 32880				
			83	·
			84 City	85 Zip Code
				FL   s   z   p 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. Thereby accept the appointment as registered				
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	stan 1	LAJ. A. CAN	بس ۽	X/21/58
	ed or prived name of registered age	· · · · · · · · · · · · · · · · · · ·		kure required when reinstating) DATE
TITLE PD	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
	MOWADO A	ריז מניניונ	1.1 TITLE	C Cusude C vanion
	, Howard A. I Box 133		1.2 NAME	.
- حاما	OWN FL		1.3 STREET ADDRES	SS
CITY-ST-ZIP OLD 1	OWN FL	DELETE	1.4 CITY-ST-ZIP	Change Addition
NAME			2.1 TITLE	Li crange Li xapriori
			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRES	SS
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	222
CITY-ST-ZIP			3.4. CITY - ST - ZIP	»
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRES	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~
TITLE		DELETE	51 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	ss
CITY-ST-ZIP			5.4 CITY - ST - ZIP	··
TITLE		DELETÉ	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	ss
CITY-ST-ZIP			6.4 CITY - ST- ZIP	
14. I hereby certify that	the information supplied wi	th this filing does not qualify	for the exemption st	ated 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 or an attachment with an address.				