SE	COND NOT	ICE: CORPO	RATION V	NILL BE D	ISSOLVED	ON OR AF	TER AUGUS	T 7, 1996.	
AMOU	NT DUE ON D	OR BEFORE 8.	7/96: \$225	(IF DISSOL)	VED. MINIM	UM AMOUN	T DUE TO RE	INSTATE: \$375	. ]

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name H80203

(3)

Α	AND	R	FI	<b>FCTRIC</b>	CONTR	ACTORS.	INC.
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Principal Place 704 N.E. 22ND WILTON MANO	DR.	Mailing Address  704 N.E. 22ND DR. WILTON MANORS FL 33305								
							3. Date Incorporated or Qualified 3a. Date of Last 10/10/1985 05/01/1995			
21 704	ace of Business NE 22 Dr.		F-7 -			4. FE1 Number         Applied For Not Applied For Not Applied				
Suite Apt. i		Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	and Fh	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24 333	05 25 Brunne		Count 30	· y		8. This corporation has liability for Florida Statutes	Yes [	] No		
FFD	9. Name and Address of Curre	nt Registered Agent	8	1	Name	10. Name and Address of New Re	gisterea	Agent		
	iayorni, Christina 5 E. Oakland Park Blvd Su'	TIE #200	8	2	Street Acidre	ess (P.O. Box Number is Not Acceptable)				
FOR	RT LAUDERDALE FL 33306		8	3						
			8	4	City	FL 85 Zip Code				
office or re agent   ar SIGNATURE	egistered agent, or both, in the Stato m lamitiar with, and accept the oblig Signature tradicipate in median	of Flanda, Such change was at ations of, Section 607,0505, Flor economic dapakante (rint	uthorized b rida Statuto E Rigidensi A	y th	he corporatio	oration submits this statement for the parties board of directors. I hereby acceptions where continues.	t the appo	ontmönt äs registered		
12.	P OFFICERS AN	ID DIRECTORS DELETE	13.		T	ADDITIONS/CHANGES TO OFFI	JERS ANI	Change Addition		
NAME	BEAUCHENE, VERNON A.		1.2 NAM	E.						
STREET ADDRESS	704 NE 22ND DR.		13STRE	ET A	ADDRESS					
CITY-ST-ZIP	WILTON MANORS FL	DELETE	1.4 CITY		- ZIP			Change Addition		
THLE NAME			2 1 TITLE 2 2 NAM					Change Addition		
STREET ADDRESS					ADDRESS			i		
CITY-ST-ZIP			2 4 CHY							
TITLE		DELETE	311116					Change Addition		
NAME			3 2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4 City 4.1 Title		1 - 216			Change Add-tion		
NAME			4 2 NAM							
STREET ADORESS					ADORESS					
CITY-ST-ZIP			4.4 CITY	١٤٠	I - ZiP					
TIFLE		DELETE	5 1 THILI					Change Addition		
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP		The second secon	5.4 CITY		I - ZIP	a proportion of the second		1		
TITLE		Devele	6 1 1HL					Change Addition		
NAMÉ			6.2 NAM							
STREET ADDRESS			ı ı		ADDRESS					
14. I do heret	L by certify that the information supplie	ed with this fring is voluntarily fur	64 CHY			ify for the exemption stated in Section	119 07(3)	(k), Florida Statutos 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

1-15-98 984 564 2164