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

Mailing Address

704 NE 22ND DR FT LAUDERDALE FL 33305

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H80203

Principal Place of Business

FT LAUDERDALE FL 33305

704 NE 22ND DR

A AND B ELECTRIC CONTRACTORS, INC.

06-29-1999 90008 020 \*\*\*550.00



JS		US				DO NOT WIKE	IE IN THIS C	PACE		
						3. Date Incorporated or Qualifed 10/10/1985				
		A Mailing Addross				4. FEI Number	·		Anni	ied For
<del>-</del> i	lace of Business	2a. Mailing Address				59-2679620			Not Applicable	
:1		26				39-20/9020		60		Iditional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			e Req	
2		27								
City & Stat	e	City & State				6. Election Campaign Financing			. <b>00</b> M	•
:3		28				Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	•	<u> </u>		٦.,
4		29	30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered A	gent		
				81	Name					
FERAYORNI, CHRISTINA					Street Addre	ess (P.O. Box Number is Not Accepta	able)			
1995 E. OAKLAND PARK BLVD SUTIE #200					82 Street Address (P.O. Box Number is Not Acceptable)					
FOR	T LAUDERDALE FL 33306			83			,			
				Ш						
				84	City		FL	85	Zip Co	ode
		1007 4500 FL 44 OL 4				anting submits this statement for the		hangir	o ite o	nistered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida Such change was a	uthorized	bvt	the corporation	on's board of directors. I hereby accep	ot the appoin	tment	as regi	stered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flor	rida Statı	utes.						
SIGNATURE	ē									
	Signature, typed or printed name of registered agent		Registered	Agent	signature required	d when reinstating)	DATE	_		
12.	• • • • • • • • • • • • • • • • • • • •			13.		ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	P	☐ DELETE	1,1 TII	1,1 TITLE				☐ Cha	inge	☐ Addition
NAME	BEAUCHENE, VERNON A.		1.2 NAME							
STREET ADDRESS	704 NE 22ND DR.		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	WILTON MANORS FL		1.4 CT	TY-ST-	-ZIP					
TITLE	77.2.077 1111 17.07.0 1 2	☐ DELETE	2.1 TITLE					☐ Cha	ange	Addition
	}		2.2 NA	ME	ľ					
NAME					ADDRESS					
STREET ADDRESS						•				
CITY-ST-ZIP				TY-ST	r-ZiP			Cha	1000	Addition
TITLE	}	☐ DELETE	3.1 TIT	πE				U CII	nye	
NAME			3.2 NA	WE						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-ST	r-ZIP					
TITLE		☐ DELETE	4.1 TII	π£				Chi	ange	☐ Addition
NAME			4, 2 N	AME	1					
STREET ADDRESS			43 ST	REET.	ADDRESS					
				TY-ST						
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TII		-45			☐ Cha	enge	Addition
TITLE		C1 Deff.)C	5.1 NA							
NAME					4D000000					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST	-ZIP			<u> </u>		[T] A said
TITLE		☐ DELETE	6.1 TT					Cha	ange	Addition
NAME	. ,		6.2 NA	AME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP					
						Section 119 07/3\(i) Florida Statutes				

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turtner certify that the information supplies that the 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, with all other like empowered.