FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90028 014 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J54192 1. Corporation Name

RANDAZZO ELECTRICAL SERVICES, INC.

	· · ·									
Principal Place of Business Mailing Address						T (BBITTIN ASA) WİTIS ASAMS SIMIN IMILAS (191 ADAN) (/1916 BIBH	, 616 11 611	911 91911 1981	
2237 WEST 77TH STREET HIALEAH FL 33016 2237 WEST 77TH STREET HIALEAH FL 33016						DO NOT INDITE IN THE	CDAC	-		
U\$ U\$						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
	•					01/26/1987			1	
2 Dringing Di	lace of Business	2a. Mailing Address			***	4. FEI Number	$\overline{}$	TAnn	lied For	
	lace of business	 				59-2765220	-	+	Applicable	
21 Suite Ant	# etc	Suite, Apt. #, etc.					\$8:		ditional	
						5. Certifcate of Status Desired	• -	ee Req		
27 City & State City & State						6. Election Campaign Financing	\$=	5.00 k	Jav Re	
23 28						Trust Fund Contribution		ded to		
Zip	Country	Zip	Countr	ту		8. This corporation owes the current year Int	angible)		
24	25 29 30					Personal Property Tax.				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent			
			8	11	Name					
Randazzo anthony 2237 West 77th Street				2 Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH FL 33016				13						
	•		L			<u> </u>	Tot			
			8-	14	City	FL	85	Zip Co	bue	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	nonzed b	by th	named corpo e corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	changi ntment	ng its r as reg	egistered istered	
SIGNATURE										
	Signature, typed or printed name of registered agent			gent si	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DID	ECTO	S IN 12	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	LJ CH		Addition	
TITLE	RANDAZZO, ANTHONY J.	La Decere	1.2 NAME							
NAME	AAAR MIRAT SWEET ATTEST			1.3 STREET ADDRESS						
STREET ADDRESS	HIALEAH FL				ł					
CITY-ST-ZIP TITLE	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		ZIP		□ Ch	nange	Addition	
			2.2 NAME				_	-		
NAME		ļ	2.3 STRE		DORESS					
STREET ADDRESS	Maryanganing as, we have \$1.00 to the state of		2.4 CITY-ST-ZIP						.	
CITY-ST-ZIP TITLE				3.1 TITLE			□ Ct	iange	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STRE		DORESS					
CITY-ST-ZIP			3.4. CITY							
TITLE		☐ DELETE	4.1 TITLE				Ch	ange	Addition	
NAME	-		4. 2 NAM	Æ	1					
STREET ADDRESS		;	4.3 STRE	EETAI	DDRESS		•			
CITY-ST-ZIP	•		4.4 CITY-	-ST-2	ZIP					
TITLE		☐ DELETE	5.1 TITLE	Ξ.			Ch	ange	Addition	
NAME			5.2 NAME	E						
STREET ADDRESS			5.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	· · ·		5.4 CITY-	-ST-Z	ZIP					
TITLE		☐ DELETE	6.1 TITLE	E			Ch	ange	Addition	

CITY-ST-ZIP 14. I 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 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.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305-556-3001