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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55327 (7)

1. Corporation Name
CHALLENGE ELECTRIC, INC.

Principal Place of Business
9936 NW 2ND COURT
PLANTATION FL 33324

Mailing Address
9936 NW 2ND COURT
PLANTATION FL 33324-7099



3. Date Incorporated or Qualified 02/02/1987
3a. Date of Last Report 04/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2269 S. UNIVERSITY DR.	26 2269 S. UNIVERSITY DR.	59-2764511	Not Applicable
22 Suite, Apt. #, etc. # 291	27 Suite, Apt. #, etc. # 291	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State DAVIE FL	28 DAVIE FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33324	25 Country BROWARD	29 Zip 33324	30 Country BROWARD
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

RIZZO, VINCENT
9936 NW 2ND COURT
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal officer or registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0283070

CR2E034 (9/96)