03-10-1999 90275 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

I. Colporation	MENT # J64342 CTRICAL SERVICES, INC.				
Principal Place	e of Business	Mailing Address			BIBN 01011 01011 01011 01011 1001
12168 SW 131		12168 SW 131 AVE			
MIAMI FL 33186		MIAMI FL 33186			0.004.05
US		U\$		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
a Principal D	lace of Business	2a. Mailing Address		03/23/1987 4. FEI Number	Applied For
· ·	lace of business	26		59-2784568	Not Applicable
Suite, Apt.	#_ etc	Suite, Apt. #, etc.			\$8.75 Additional
22	, oto.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	641 31	10. Name and Address of New Registered	1 Agent
CAM	VED IOHN V		81 Name		·
SAWYER, JOHN V. 12775 S.W. 25TH TERRACE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	M FL 33175		83		
MITAL	MITE 33173		83		,
			84 City	1 A 2 4 1 F	85 Zip Code
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florid	horized by the corporation is statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose of the purp	of changing its registered pintment as registered
40	Signature, typed or printed name of registered age	ND DIRECTORS	tegistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITICENS 2	Change Addition
NAME	SAWYER, JOHN V.		1.2 NAME		
STREET ADDRESS	12775 S.W. 25TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	111111111111111111111111111111111111111	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		3
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	W- a	<u> </u>
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	1	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change C Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
SIREE ADVIRESS	1				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 278-67M