

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K31659 (1)

1. Corporation Name

DATA BASE ELECTRIC CONTRACTORS & CONSULTANTS, IN C.



Principal Place of Business

Mailing Address

16345 W. DIXIE HWY.
#2818
N. MIAMI BEACH FL 33160
US

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#2818
N. MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified **08/24/1988** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business
21 **3190 S. State Rd 7**

2a. Mailing Address

Suite, Apt. #, etc.
22 **Bay # 8**

Suite, Apt. #, etc.

City & State
23 **Miramar FL**

City & State

Zip Country
24 **33023** 25 **USA**

Zip Country

26 **33023** 27 **USA** 28 **33023** 29 **USA** 30

4. FEI Number **65-0068182** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, LINDA S
11873 SW 11TH CT.
DAVIE FL 33325**

81 Name **Green, Linda S.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **13221 SW 29th Ct.**
84 City **Davie** FL 85 Zip Code **33330**

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, typed or printed name of registered agent has 1 year duration.

(If 301) Registered Agent Signature required when changing

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GREEN, LINDA S	1.2 NAME	
STREET ADDRESS	11873 SW 11TH COURT	1.3 STREET ADDRESS	13221 SW 29th Ct
CITY - ST - ZIP	DAVIE FL	1.4 CITY - ST - ZIP	DAVIE, FL 33330
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GREEN, RICHARD L	2.2 NAME	
STREET ADDRESS	11873 SW 11TH COURT	2.3 STREET ADDRESS	13221 SW 29th Ct
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	DAVIE, FL 33330
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/5/96 (954) 966-9669

DATE

DAYTIME PHONE #

CR2E034 (12/95)