FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K33936 (1)

1. Corporate Name
DO-MOR ELECTRIC, INC.

Principal Place of Business
8530 N.W. 26TH STREET
SUNRISE FL 33322

Mailing Address
8530 N.W. 26TH STREET
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 09/23/1988
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22 / 27
City, State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 65-0073822 — 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. Does corporation have liability for intangible tax under Chapter 199.07, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

NEUMANN, PAUL R.
8530 N.W. 26TH STREET
SUNRISE 33322

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0505, 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. Having accepted the appointment as registered agent, I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	NEUMANN, PAUL
STREET ADDRESS	8530 N.W. 26TH STREET
CITY	SUNRISE FL
TITLE	T
NAME	NEUMANN, PAUL
STREET ADDRESS	8530 N.W. 26TH STREET
CITY	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be a continuing representation of the truth of the information contained in the report or supplemental report. I am aware that false information submitted in a report or supplemental report may be punishable by fine or imprisonment or both as provided in Section 817.155, Florida Statutes. I further agree to keep the corporation informed of any information concerning the report or supplemental report which becomes false or incomplete.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0220034 CP