4/25 95-6-6314 -C

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 APR 25 AM 11:29

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02710** **(6)**

1. Corporation Name
BRONCO ELECTRIC, INC.

Principal Place of Business	Mailing Address
% DAVID KRAVITZ 16345 W. DIXIE HIGHWAY #179 NORTH MIAMI BEACH FL 33160	% DAVID KRAVITZ 16345 W. DIXIE HIGHWAY #179 NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1989**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21: 1062 PINEBRANCH DRIVE
22 Suite, Apt. #, etc: F-DALE FLA 33326
23 City & State:
24 Zip: 25 County:

2a. Mailing Address
26: 1062 PINE BRANCH DR
27 Suite, Apt. #, etc:
28 City & State: FT. LAUDERDALE
29 Zip: 33326 30 County:

4. FEI Number: **65-0145727** ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAVITZ, DAVID
1062 PINE BRANCH DRIVE
FT. LAUDERDALE FL 33326

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 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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	KRAVITZ, DAVID	12 NAME	KRAVITZ, DAVID	
STREET ADDRESS	16345 W. DIXIE HWY #179	13 STREET ADDRESS	1062 PINE BRANCH DR	
CITY ST ZIP	NORTH MIAMI BCH FL	14 CITY ST ZIP	FT. LAUDERDALE, FL 33326	
TITLE	ST	21 TITLE	ST	☐ Change ☐ Addition
NAME	KRAVITZ, GABRIELA	22 NAME	KRAVITZ, GABRIELA	
STREET ADDRESS	16345 W. DIXIE HWY #179	23 STREET ADDRESS	1062 PINE BRANCH DR	
CITY ST ZIP	NORTH MIAMI BCH FL	24 CITY ST ZIP	FT. LAUDERDALE, FL 33326	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: David C Kravitz DAVID C. KRAVITZ 4-20-95 305-389-8620
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP