

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

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AND
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95 APR 27 PM 3:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION: ANNUAL REPORT 1995
 4-27-95
 FLORIDA DEPARTMENT OF STATE
 Sandrine B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS
 8-4746

DOCUMENT # **L16839** (7)
 1. Corporation Name
D. PELLECCIA ELECTRIC, INC.

Principal Place of Business: 2950-2 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426
 Mailing Address: 2950-2 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 27
 Zip: 24
 Country: 25
 City & State: 28
 Zip: 29
 Country: 30

3. Date Incorporated or Qualified: 09/15/1989
 3a. Date of Last Report: 05/01/1994
 4. FEI Number: 65-0144289
 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
PELLECCHIA, DOUGLAS
4109 ALPINIA CT
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE: _____


12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PELLECCHIA, DOUGLAS
STREET ADDRESS	4109 ALPINIA CT
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	STD
NAME	PELLECCHIA, ELLEN
STREET ADDRESS	4109 ALPINIA CT
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:  **Douglas Pellecchia, April 11, 1995 (407)588-8555**
(Signature) (Date) (Typed Name)