

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L16839 (7)**  
1. Corporation Name  
**D. PELLECCCHIA ELECTRIC, INC.**



Principal Place of Business <b>2950-2 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426</b>	Mailing Address <b>2950-2 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426</b>
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3. Date Incorporated or Qualified <b>09/15/1989</b>	3a. Date of Last Report <b>04/27/1995</b>	
4. FEI Number <b>65-0144289</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

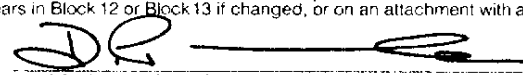
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>PELLECCHIA, DOUGLAS</b> <del>4109 ALPINIA CT</del> <b>BOYNTON BEACH FL 33426</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable) <b>2950-2 Commerce Park Dr.</b>	
		83		
		84	City	
		FL	85	Zip Code <b>33426</b>

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 **6/17/96**  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <b>PELLECCHIA, DOUGLAS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELLECCHIA, DOUGLAS</b>	1.2 NAME	
STREET ADDRESS	<b>4109 ALPINIA CT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	STD <b>PELLECCHIA, ELLEN</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELLECCHIA, ELLEN</b>	2.2 NAME	
STREET ADDRESS	<b>4109 ALPINIA CT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**  **407-588-8555** **6/17/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Douglas Pellecchia**

CR2E034 (3/96)