

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90022 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L16839

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/15/1989**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**PELLECCHIA, DOUGLAS**  
**2950-2 COMMERCE PARK DR**  
**BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent  
 81 Name **Ellen W. Pelleccchia**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2950-2 Commerce Pk Dr.**  
 83  
 84 City **Boynton Beach** FL 85 Zip Code **33426**

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 *Ellen W. Pelleccchia*  
Signature, typed or printed name of registered agent and title if applicable.

**4/15/99**  
DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	PELLECCHIA, DOUGLAS	
STREET ADDRESS	9489 CALLIANDRA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	STD	<input type="checkbox"/>
NAME	PELLECCHIA, ELLA W	
STREET ADDRESS	9489 CALLIANDRA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Same		
1.3 STREET ADDRESS	Same		
1.4 CITY-ST-ZIP	Same		
2.1 TITLE	STPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Pelleccchia, Ellen W.		
2.3 STREET ADDRESS	Same		
2.4 CITY-ST-ZIP	Same		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Ellen W. Pelleccchia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99**  
Date

**561 588 8555**  
Daytime Phone #

CR2E034 (11/98)