FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED

95 MAR -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L58148 (2)

1. Corporate Name
ALL TEC ELECTRICAL SERVICES, INC.

Principal Place of Business
C/O ROBYN L. HORWITZ
17 EAST PINE STREET
ORLANDO FL 32801

Mailing Address
C/O ROBYN L. HORWITZ
17 EAST PINE STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 ALL TEC ELECTRIC
22 Suite, Apt. #, etc. 1370 Hammondville Rd.
23 City & State POMPANO BEACH, FL
24 Zip 33063 25 Country USA

2a. Mailing Address
26 ALL TEC ELECTRIC
27 Suite, Apt. #, etc. P.O. BOX 934353
28 City & State MARGATE, FL. 33093
29 Zip 33093 30 Country U.S.A.

4. FEI Number 65-0183778 — 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
HORWITZ, ROBYN L.
17 EAST PINE STREET
ORLANDO FL 32801

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 DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANK, ROBERT
STREET ADDRESS	P O BOX 634353 N/A
CITY, ST, ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D ☒ Change ☐ Addition
1.2 NAME	FRANK, ROBERT
1.3 STREET ADDRESS	P.O. BOX 934353
1.4 CITY, ST, ZIP	MARGATE FLA. 33093
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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)(e), Florida Statutes. I further certify that the information contained on the 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 on Block 12 or Block 13 of this report, or is added herein with an asterisk.

SIGNATURE: 2-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0062400 CR