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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L58148 (2)

1. Corporation Name
ALL TEC ELECTRICAL SERVICES, INC.



Principal Place of Business
ALL TEC ELECTRIC
1370 HAMMONDVILLE ROAD
POMPANO BEACH FL 33063
US

Mailing Address
ALL TEC ELECTRIC
P O BOX 834353
MARGATE FL 33083-4353
US

3. Date Incorporated or Qualified 03/19/1990
3a. Date of Last Report 02/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORWITZ, ROBYN L.
17 EAST PINE STREET
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number (Not Acceptable))

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 name, and address of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FRANK, ROBERT
STREET ADDRESS P O BOX 834353 N/A
CITY-ST-ZIP MARGATE FL

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CITY-ST-ZIP

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11 TITLE
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24 CITY-ST-ZIP

31 TITLE
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34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0161118

CP2E034 (9/96)