

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L 98049
1 Corporation Name

JOHNNY ELECTRIC ELECTRICAL CONTRACTORS INC.



Principal Place of Business: **20855 N.E. 16TH AVENUE #6C NORTH MIAMI BEACH FL 33179**
Mailing Address: **20855 N.E. 16TH AVENUE #6C NORTH MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified: **05/03/1995**
3a. Date of Last Report

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

4. FEI Number: **65-0223749** Applied For: Not Applied:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**SAVAGE, CRAIG D
20855 N.E. 16TH AVENUE
#6C
NORTH MIAMI BEACH FL 33179**

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 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 of applicant) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SHIRES, JOHN D III
STREET ADDRESS	20855 N.E. 16TH AVE. #6C
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHIRES, JOSEPH F
STREET ADDRESS	20855 N.E. 16TH AVE. #6C
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CORPORATE INFORMATION

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
42 NAME	700001819347
43 STREET ADDRESS	-05/14/96--01004--021
44 CITY-ST-ZIP	***200.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

Handwritten: 5-1-96

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)(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 on an attachment with an address.

SIGNATURE: _____ (Signature) **4-26-96** Date: _____ Daytime Phone # _____