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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

JUNNI	NT ELECTRIC ELECTRICAL	L CONTRACTORS, INC.							
Principal Plac	ce of Business	Mailing Address				T SECRETA DEC LOSTE FOUR COURT DISEAS 19	itt gibil bi r i	I BYEAL BHILL GID	H E(E)I IBBI
20855 NE 16	6 AVE	20855 NE 16 AVE							
UNIT C-6 UNIT C-6						DO NOT WRITE IN THIS SPACE			
N. MIAMI BCH FL 33179 N. MIAMI BCH FL 33179 US US						3. Date Incorporated or Qualified			
••		••			Ì	08/30/1990			
2. Principal Place of Business 2e. Mailing Address						4. FEI Number		Ar	oplied For
26						65-0223749		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
27 27 City & State City & State									equired
City & State City & State 28					Ī	6. Election Campaign Financing Trust Fund Contribution	П	\$5.00	May Be to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes or has pa	_=_		
24	25	29	30	Ť	- 1	Personal Property Tax due June	_		No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	glatered	Agent	
	AVAGE, CRAIG D.		Ţ•	1 Name	€				
801 NE 167 ST			ř	32 Street	t Addres	s (P.O. Box Number is Not Acceptat	ole)		
SUITE 302A			Į.						
N MIAMI BEACH FL 33162				B3					
			1	34 City				85 Zip (Code
				_ <u></u> _		ation submits this statement for the p 's board of directors. I hereby accep	FL	ل_	
SIGNATURE	Signature, typed or printed name of registered a	operit and title if applicable (NOTE	Registered	Agent signatur	re required e	when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	
TITLE	PD DELETE		1.1 TITLE		T			☐ Change	Addition
NAME	SHIRES, JOHN D., III		1.2 NAA	AE.)				
STREET ADDRESS	20855 NE 16 AVE., UNIT C	-6	1.3 STR	EET ADDRESS	i				
CITY-ST-ZIP	N. MIAMI BCH FL 33179		_	-ST-ZIP					
TITLE	\$D	DELETE	1	2.1 TITLE				Change	Addition
NAME	SHIRES, JOSEPH F.		2.2 NAA		1				
STREET ADDRESS	20855 NE 16 AVE., UNIT C	- 6		EET ADDRESS					
CITY-ST-ZIP TITLE	N. MIAMI BCH FL 33179	DELETE	2.4 CIT 3.1 TITL	Y-ST-ZIP	 -			Change	Addition
NAME)	brech	3.2 NAA					FT Averige	
STREET ADDRESS				eet address					
City-St-ZIP)		1	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL		1			Change	Addition
NAME	1		4. 2 NA	ME	1				
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP	<u> </u>		4.4 CiT	/ - ST - Z1P					
TITLE		DELETE	5.1 TITE	E				Change	Addition
NAME	ļ		5.2 NAN	1E	1				
STREET ADDRESS			5.3 STA	eet address	1				
CITY-ST-ZIP		T beret		-ST-ZIP				T1 ~	A date
TITLE		☐ DELETE	6.1 TITL					☐ Change	Addition
			62 NAN						

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 or an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-31-98

FILED

Apr 13 1998 8:00am

Secretary of State