## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

A.S.A.P. ELECTRIC INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name

(7)

**FILED** Oct 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							<del></del>			011 01011 #FD1F #FD16 ED#1
23340B S.W. 53RD AVENUE BOCA RATON FL 33433				23340B S.W. 53RD AVENUE BOCA RATON FL 33433				DO NOT WRITE IN TH	S <b>S</b> PA	C€
								3. Date Incorporated or Qualified 05/22/1987		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For
21 <i>5ANR</i>				6				59-2809845		Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5, Certificate of Status Desired	\$8	8.75 Additional
22				27				5. Continuate of Status Bearing		Fee Required
City & State				City & State				6. Election Campaign Financing		5.00 May Be
23			28					Trust Fund Contribution		Added to Fees
Zip	Country		···	Zip Coun		lry		8. This corporation owes or has paid the current year Intangible		
24		25 29 30		30				<del></del>		
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registere	I Agen	<u>t</u>
	tz, james					31	Name			
23340B \$.W. 53RD AVENUE						32	Street Addres	ss (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33433						33				
					'	"				
					1	34	City	F	85	Zip Code
office or	regis <b>tere</b> d ac	ent, or both, in th	e State of Florid	7.1508, Florida Statute la. Such change was a , section 607.0505, Flo	authorized	bγ th	amed corpora he corporation	ition submits this statement for the purpose of his board of directors. I hereby accept the app	z <b>han</b> gin z <b>intm</b> er	ng its registered nt as registered
SIGNATURE .			Ū							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R						d Age	nt signature requir	ed when reinstaling) DATE		
12.		OFFICE	RS AND DIRE	····	13.			ADDITIONS/CHANGES TO OFFICERS	1	
TITLE	D			DELETE	1.1 TITU				٥ لــا	change L Addition
NAME	MARTZ, JAMES					1.2 NAME				
STREET ADDRESS	DOOL DATON FI					1.3 STREET ADDRESS			:	
CITY-ST-ZIP	BUCA KA	ION FL			1.4 CITY		IP			
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NAME						2.2 NAME				
STREET ADDRESS					2 3 STRE					
CITY-SY-ZIP					2.4 CITY		(P		<del>أ.</del>	F-7
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STREET ADDRESS					3 3 STRE					İ
CITY-ST-ZIP					3.4 CITY 4.5 TITL		#		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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STREET ADDRESS					5.3 STRE		f			
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NAME					6.2 NAM		2222			
STREET ADDRESS						6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				
CITY-ST-ZIP					6.4 CITY	-\$1-ZI	IF			

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 of trustee employers 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 others.

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