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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # M643 ELECTRIC, INC.	361 (2)		1 100 100 11 11 11 11 11 11 11 11 11 11	
Principal Place of Business Mailing Address					
908 SNOWDEN DR. LAKE WORTH FL 33461		908 SNOWDEN DR. LAKE WORTH FL 334	<b>16</b> 1		
				3. Date Incorporated or Qualified 01/12/1988	3a. Date of Last Report 05/01/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FET Number 65-0060916	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax under s. 199.032,
	9. Name and Address of Cu			10. Name and Address of New R	
		, , , , , ,	81 Name		
Doran, Kevin 15 North B Street			82 Street Add	ress (P.O. Box Number is Not Acceptable	e'
				Too the box vertices to the viceoptain	
LAKE W	ORTH FL 33460		83		
			84 City		<b>85</b> Zip Code
					<b> - </b>
familiar wit	red agent, or both, in the State of fi th, and accept the obligations of, s	ionida Souri Ohange was audion Section 607,0505, Florida Statute	zed by the corporation's boast.	ration submits this statement for the purp rel of directors. Thereby accept the appo	intment as registered agent. I am
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
T•I£E	DPS	☐ DELETE	1 1 TITLE		Change Addition
NAME	Doran, Kevin		1.2 NAME		
STREET ADDRESS	908 SNOWDEN DR.		13 SPREEL ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL		1.4.0(TY+\$1, ZIP	<u>-</u>	
TITLE		DELETE	2 1 THLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	2 4 CITY - ST - ZIF		
NAME		€_] becore	3 1 TITLE 32 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST-ZIP			34 CITY-ST ZIP		
TITLE		DELETE	4 1 TITLF	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 Crty - ST - ZrP		
TITLE		☐ DELFTE	5 11 TLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
C(TY - ST - Z)F			5.4 City - St - 2if-		
TITLE		DELF1E	6 1 TIFLE		Change Addition
NAME Axeser appears			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	[		6.4 City St 7tP		

14. I do hereby certify that the information supplied with this fiting is refundantly furnished and does not qualify for the exemption stafed in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual apport 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 od-portaion or the coeffer or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed or in an attachness with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ 4/15/96 V 588 8696