

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97499 (1)

1. Corporation Name

R.M.S. ELECTRIC CONTRACTORS INC.

Principal Place of Business

**2431 ALOMA AVENUE
SUITE 227
WINTER PARK FL 32792**

Mailing Address

**2431 ALOMA AVENUE
SUITE 227
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0078187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 4330 W. Broward Blvd.

2a. Mailing Address

26 4330 W. Broward Blvd.

Suite, Apt. #, etc.

22 Suite H

Suite, Apt. #, etc.

27 Suite H

City & State

23 Plantation FL

City & State

28 Plantation FL

Zip

24 33317

Country

25 U.S.A.

Zip

29 33317

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**FOSTER, STEPHEN R.
8720 N.W. 5TH STREET
SUITE 104
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 of person named as registered agent and first approved

Signature of person named as registered agent and first approved

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALAZAR, RAMON
STREET ADDRESS	16421 N.W. 83RD COURT
CITY ST ZIP	MIAMI FL 33014
TITLE	C
NAME	FOSTER, STEPHEN R.
STREET ADDRESS	8720 N.W. 5TH STREET #104
CITY ST ZIP	PLANTATION FL 33324
TITLE	V
NAME	FOSTER, DAVID S.
STREET ADDRESS	8720 N.W. 5TH STREET #104
CITY ST ZIP	PLANTATION FL 33324
TITLE	V
NAME	SALAZAR, ROGELIO
STREET ADDRESS	17540 N.W. 29TH COURT
CITY ST ZIP	MIAMI FL 33055
TITLE	T
NAME	STEPHEN, FOSTER R
STREET ADDRESS	8720 N.W. 5TH STREET # 104
CITY ST ZIP	PLANTATION FL 33324
TITLE	S
NAME	FOSTER, STEPHEN R
STREET ADDRESS	8720 N.W. 5TH STREET #104
CITY ST ZIP	PLANTATION FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE	President	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	Delete	
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

Stephen R. Foster **STEPHEN R. FOSTER**

26 April 1995

305.327.0672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER