

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:47

DOCUMENT # N46236 (8)

**1. Corporation Name
INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,
SOUTH FLORIDA CHAPTER, INC.**

Principal Place of Business Mailing Address
15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131
15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 03/28/1994
4. FEI Number 65-0434817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
HOLSTEIN, ROBERT W
15665 MIAMI LAKEWAY #302
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DANIEL, TOM
STREET ADDRESS	5521 N.W. 84 AVE.
CITY-ST-ZIP	MIAMI FL 33156
TITLE	S
NAME	SIMS, MARK
STREET ADDRESS	1089 S.E. 9TH COURT
CITY-ST-ZIP	HIALEAH FL 33010
TITLE	T
NAME	SNELLING, AL
STREET ADDRESS	6187 N.W. 167 ST. #H-3
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D
NAME	CHILDS, HARRY
STREET ADDRESS	13610 S.W. 142 AVENUE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D
NAME	CRAWFORD, BILL
STREET ADDRESS	3925 S.W. 82 AVENUE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	D
NAME	REEVE, JACK
STREET ADDRESS	8750 S.W. 132 STREET
CITY-ST-ZIP	MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK HIGGINS
1.3 STREET ADDRESS	6900 N.E. 4 CRT
1.4 CITY-ST-ZIP	MIAMI FL 33138
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AL SNELLING
2.3 STREET ADDRESS	6187 NW 167 ST #H-3
2.4 CITY-ST-ZIP	MIAMI FL 33015
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARRY CHILDS
3.3 STREET ADDRESS	13610 SW 142 AVE
3.4 CITY-ST-ZIP	MIAMI FL 33186
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TOM DANIEL
4.3 STREET ADDRESS	5521 NW 84 AVE
4.4 CITY-ST-ZIP	MIAMI FL 33156
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: John Higgins 2/1/95 305-7591665
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)