

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1991		3a. Date of Last Report 02/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0434817		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLSTEIN, ROBERT W 15665 MIAMI LAKEWAY #302 MIAMI LAKES FL 33014				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, ROBERT W.	1.2 NAME	
STREET ADDRESS	12316 SW 117 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, HARRY	2.2 NAME	JOHN GAYMAN
STREET ADDRESS	13610 SW 142 AVENUE	2.3 STREET ADDRESS	10765 SW 184 TERR.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYMAN, JOHN	3.2 NAME	FRANK HEGEDUS
STREET ADDRESS	10440 SW 184 TERRACE	3.3 STREET ADDRESS	885 NE 79 ST
CITY-ST-ZIP	MIAMI F	3.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JACK	4.2 NAME	
STREET ADDRESS	6900 NW 4 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELLING, AL	5.2 NAME	FRED LOESCHE
STREET ADDRESS	6187 NW 167 STREET #H-3	5.3 STREET ADDRESS	2288 NW SOUTH RIVER DR
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEDUS, FRANK	6.2 NAME	ALAN SIMS
STREET ADDRESS	885 NE 79 STREET	6.3 STREET ADDRESS	1089 SE 9 CRT
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33130

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Andrews ROBERT W. ANDREWS 2/5/97 (305) 251-6172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023181

CR2E037 (9/96)