FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**

N46236

(8)

INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION, **SOUTH FLORIDA CHAPTER, INC.**

Principal Place of Business Mailing Address 15665 MIAMI LAKEWAY. #302 15665 MIAMI LAKEWAY, #302 3. Date Incorporated or Qualified MIAMI LAKES FL 33014-2131 MIAMI LAKES FL 33014-2131 12/02/1991 4. FEI Number Applied For 65-0434817 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLSTEIN, ROBERT W 82 Street Address (P.O. Box Number is Not Acceptable) 15665 MIAMI LAKEWAY #302 83 MIAMI LAKES FL 33014 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE HARRY B. CHILDS I NAME ANDREWS, ROBERT W. 1.2 NAME STREET ADORESS 12316 SW 117 COURT 13610 SW 142 ALE 1.3 STREET ADDRESS MIAMI 7L 33186-2937 MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP M Change DELETE TITLE 2.1 TITLE Addition RED LOESCHE 8280 NW SOUTH RIVER DR JOHN GAYMAN NAME 2.2 NAME 10465 SW 184TH TERR STREET ADDRESS 23 STREET ADDRESS MIANI 7L 33166 MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition ALANSINS FRANK HEGEDUS 3.2 NAME 1089 SE 9 CRT ITEALEAH 7L 3300 885 NE 79TH ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI F CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Addition ROBERT W. ANDREWS HIGGINS, JACK NAME 4. 2 NAME 6900 NW 4 COURT)3165W_117 CRT YIMN 7L 33186 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE. 5.1 TITLE DACK HIGHTIMS Addition FRED LOESCHE NAME 5.2 NAME 8280 NW SOUTH RIVER DR 6900 NE 4 CRT MIANU 76 331 STREET ADDRESS 5.3 STREET ADDRESS

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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Hour B. Chlaster SIGNATURE:

MIAMI FL

ALAN SIMS

HIALEAH FL

1089 SE 9TH CRT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SNELLING

187 NW 167 ST

Addition

FILED

Feb 12 1998 8:00am

Secretary of State