

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004710 (8)

1. Corporation Name

**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,
FLORIDA EAST COAST CHAPTER, INC.**



Principal Place of Business	Mailing Address
6670 WHITE DRIVE SUITE B WEST PALM BEACH FL 33407	6670 WHITE DRIVE SUITE B WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
09/29/1995

4. FEI Number	Applied For
65-0612647	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
RAO, JOE 6670 WHITE DRIVE, SUITE B WEST PALM BEACH FL 33407

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 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	
TITLE	PD RAO, JOE <input checked="" type="checkbox"/> DELETE
NAME	6670 WHITE DRIVE, SUITE B
STREET ADDRESS	WEST PALM BEACH FL 33407
CITY-ST-ZIP	
TITLE	VD SULLIVAN, GARY T <input checked="" type="checkbox"/> DELETE
NAME	2115 7TH AVE. NORTH, BAY 8
STREET ADDRESS	LAKE WORTH FL 33461
CITY-ST-ZIP	
TITLE	SD SHARKEY, DONALD <input checked="" type="checkbox"/> DELETE
NAME	1620 HILL AVE.
STREET ADDRESS	MANGONIA PARK FL 33407
CITY-ST-ZIP	
TITLE	TD STRATTON, JIM <input checked="" type="checkbox"/> DELETE
NAME	7546 ENTERPRISE DR.
STREET ADDRESS	RIVIERA BEACH FL 33404
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Stratton
1.3 STREET ADDRESS	7546 Enterprise Drive
1.4 CITY-ST-ZIP	West Palm Beach, FL 33404
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Sullivan
2.3 STREET ADDRESS	2115 7th Ave N. Bay 8
2.4 CITY-ST-ZIP	Lake Worth, FL 33461
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald Sharkey
3.3 STREET ADDRESS	1620 Hill Ave.
3.4 CITY-ST-ZIP	Mangonia Park, FL 33407
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joe Godfrey
4.3 STREET ADDRESS	1332 Omar Rd.
4.4 CITY-ST-ZIP	West Palm Beach, FL 33405
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Rao
5.3 STREET ADDRESS	6670 White Dr, Suite B
5.4 CITY-ST-ZIP	West Palm Beach, FL 33407
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 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: _____ 4-30-98

CFR2E037 (10/97)