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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P30707 (4)  
1. Corporation Name  
EXPO-TECH ELECTRICAL & PLUMBING SERVICES, INC.

Principal Place of Business

Mailing Address

650 GRIER DRIVE  
LAS VEGAS NV 89119

P.O. BOX 96790  
LAS VEGAS NV 89193-8790



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RITTMASER, NORTON D	
STREET ADDRESS	16220 CORMENISTA RD	
CITY-ST-ZIP	DETTITOS CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EMERSON, FREDERICK G	
STREET ADDRESS	DAIL CORPORATE CENTER	
CITY-ST-ZIP	PHOENIX AZ 85077	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NELSON, RONALD G	
STREET ADDRESS	DIAL CORPORATE CENTER	
CITY-ST-ZIP	PHOENIX AZ 85077	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZWICK, GERALD G	
STREET ADDRESS	950 GRIER DRIVE	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, MARCIA R.	
STREET ADDRESS	950 GRIER DR	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BISHOP, LEROY H	
STREET ADDRESS	950 GRIER DR	
CITY-ST-ZIP	LAS VEGAS NV	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	16220 CARMENITA RD
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENFORD, GERALD J
2.3 STREET ADDRESS	950 GRIER DRIVE
2.4 CITY-ST-ZIP	LAS VEGAS, NV 89119
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	VIND CORPORATE CENTER
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD MULLEN, PAUL B
4.3 STREET ADDRESS	950 GRIER DRIVE
4.4 CITY-ST-ZIP	LAS VEGAS, NV 89119
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EUP SIMON, JACK R
5.3 STREET ADDRESS	900 GRIER DRIVE
5.4 CITY-ST-ZIP	LAS VEGAS, NV 89119
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE: *[Signature]*

Assistant Secretary 3/31/97 702-263-1545

CR2E034 (9/96)