

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000012802 (4)

1. Corporation Name

RICK CHEEK ELECTRIC, INC.



Principal Place of Business		Mailing Address	
217 ALTAMONTE COMMERCE SUITE 1234 ALTAMONTE SPRINGS FL 32714 US		217 ALTAMONTE COMMERCE SUITE 1234 ALTAMONTE SPRINGS FL 32714 US	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State 28	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 12/16/1992	3a. Date of Last Report 04/14/1995
4. FEI Number 59-3157373	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		
CHEEK, RICK 217 ALTAMONTE COMMERCE BLVD SUITE 1234 ALTAMONTE SPRINGS FL 32714		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 65

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 the following:

NOTE: Registered Agent Signature is required when changing

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CHEEK, RICK 217 ALTAMONTE COMMERCE BLVD STE 1234 ALTAMONTE SPRINGS FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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CR2E034 (12/95)

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 119.07(3)(K), 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: Rick Cheek - Rick Cheek 4-16-96 407-774-9775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

74.10