Applied For Not Applicable

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90117 020 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000054291

1. Corporation Name

1ST CLASS ELECTRIC, INC.	•		
Principal Place of Business	Mailing Address	I (BELIEW) (18 INDS HIM SOME SOME SOME	
4803 N.W. 82 AVE, LAUDERHILL FL 33351	4803 N.W. 82 AVE. LAUDERHILL FL 33351	DO NOT WRITE IN THIS	SPACE
		3. Date ir corporated or Qualifed 07/29/1993	
2. Principa Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10400 NW 21 CT	26 10400 NW 21 CT	65-0429839	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifc ate of Status Desired	\$8.75 Additional Fee Required
City & State  23 Sunrise, Horida	City & State  28 Sunrise FloriDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Courtry 24 ろううこ 25 しら・	Zip Country 29 33322 30 US	This corporation owes the current year inta Persor al Property Tax.	ngible □ Yes □ No
9. Name and Address of Curr		10. Name and Address of New Registered A	Agent
BLOOMGARDEN, PAUL M 8551 WEST SUNRISE BLVD. SUITE 100A	81 Name 82 Street Ac	Idress (P.O. Bo> Number is Not Acceptable)	
FT LAUDERDALE FL 33322	84 City	FL	85 Zip Code

SIGNATUFE	Signature, typed or printed as me of registered agent and title if applicable. (NOTE F	egistered Agent signature n	equired when reinstating) DATE		[
12.	OFFICERS ANI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		₹S IN 12
TITLE	PD DELETE	1.1 TITLE		Change	☐ Addition
NAME	FIERRO, MICHAEL	1.2 NAME			
STREET ADDRESS	4803 N.W. 82 AVE.	1.3 STREET ADDRESS	10400 NW 21CT		
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	Sunns: 71 33322		
TITLE	VPST □ DELETE	2.1 TITLE		Change	☐ Addition
NAME	FIERRO, FREDDA	2.2 NAME			
STREET ADORESS	4803 NW 82 AVNEUE	2.3 STREET ADDRESS	10400 MW 21CT		
CITY-ST-ZIP	LAUDERHILL FL	2. 4 CITY-ST-ZIP	SURVISE, FLORIDA 5333	<u>۔</u>	
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZiP		6.4 CITY-ST-ZIP			

14. I hereity certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 the my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-572-5345