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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P93000088229 (8)

MURRAY ELECTRIC OF MIAMI, INC.

Principal P	lace of	Busines
14369 SW	142ND	ST

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Mailing Address

14369 SW 142ND ST MIAM! FL 33186

## **FILED** Jan 30 1998 8:00am Secretary of State



MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 65-0457228 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes □ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GLISSON, JILL

14369 SW 142ND ST. SUITE 302 MIAMI FL 33186

	83					
	84	City	85	Zip Code		
al	ากงะ	-named corporation submits this statement for the purpose of ch	and	nina ite raaie	terec	i

Street Address (P.O. Box Number is Not Acceptable)

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 Storature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1,1 TITLE Change Addition NAME GLISSON JILL MARY 1.2 NAME STREET ADDRESS 14369 SW 142ND ST. 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE NAME GLISSON, JAMES G 2.2 NAME 14369 SSW 142ND ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition NAME GLISSON, JAMES G. 3.2 NAME 14369 SW 142ND ST. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4, CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE GLISSON, JILL M. NAME 4. 2 NAME 14269 SW 142ND ST. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with arraddress.

SIGNATURE:

CITY-ST-ZIP

III WILLIAMS OURED

1/23/98

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