

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009815 (9)

1. Corporation Name
3-D ELECTRIC SERVICE, INC.



Principal Place of Business: **13800 CUMBERLAND PLACE DAVIE FL 33325 US**
Mailing Address: **13800 CUMBERLAND PLACE DAVIE FL 33325 US**

3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 03/20/1995
4. FEI Number 65-0461764	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 710 SHILOH TERRACE Suite, Apt. #, etc.	22. Mailing Address 710 SHILOH TERRACE Suite, Apt. #, etc.
23. City & State DAVIE, FL	24. City & State DAVIE, FL
25. Zip 33325	26. Zip 33325
27. Country BROWARD	28. Country BROWARD

9. Name and Address of Current Registered Agent DEGRANGE, DAVID 13800 CUMBERLAND PLACE DAVIE FL 33325	10. Name and Address of New Registered Agent 81. Name DAVID DEGRANGE 82. Street Address (P.O. Box Number is Not Acceptable) 710 SHILOH TERRACE 83. 84. City DAVIE FL 85. Zip Code 33325
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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: *David De Grange* Date: **1-18-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE DAVID DEGRANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEGRANGE, DAVID		12. NAME	
STREET ADDRESS 13800 CUMBERLAND PLACE		13. STREET ADDRESS 710 SHILOH TERRACE	
CITY-STATE-ZIP DAVIE FL		14. CITY-STATE-ZIP DAVIE, FL 33325	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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 checked, or on an attachment with an address.

SIGNATURE: *David De Grange* Date: **1-18-96** Telephone: **(305) 423-9335**

CR2E034 (12/95)