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 # P94000038781 (8)

1. Corporation Name

MAGNUM ELECTRICAL SERVICES INC.

Principal Place of Business	Mailing Address
73 S ADAMS STREET BEVERLY HILLS FL 34465	73 S ADAMS STREET BEVERLY HILLS FL 34465

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 314 S. FILLMORE STREET
Suite, Apt. #, etc.
22
City & State
23 BEVERLY HILLS, FL.
Zip 24 34465 Country 25

2a. Mailing Address
314 S. FILLMORE STREET
Suite, Apt. #, etc.
27
City & State
28 BEVERLY HILLS, FL.
Zip 29 34465 Country 30

4. FEI Number: 59-3233901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARR, JOHN
73 S ADAMS STREET
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 314 S. FILLMORE STREET
83
84 City BEVERLY HILLS, FL. FL 85 Zip Code 34465

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

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BARR, JOHN	
STREET ADDRESS	73 S ADAMS ST	
CITY-ST-ZIP	BEV HILLS FL	
TITLE	VP	☐ DELETE
NAME	BARR, JOHN	
STREET ADDRESS	73 S ADAMS ST	
CITY-ST-ZIP	BEV HILLS FL	
TITLE	S	☐ DELETE
NAME	BARR, JILL	
STREET ADDRESS	73 S ADAMS ST	
CITY-ST-ZIP	BEV. HILLS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		XXX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	314 S. FILLMORE STREET	
1.4 CITY-ST-ZIP		
2.1 TITLE		XXX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	314 S. FILLMORE STREET	
2.4 CITY-ST-ZIP		
3.1 TITLE		XXX Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	314 S. FILLMORE STREET	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: x [signature] 8/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   Daytime Phone #