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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000065693 (1)

1. Corporation Name
FLORIDA ELECTRO-SYSTEMS, INC.



Principal Place of Business
7100 PINES BLVD.
#12
PEMBROKE PINES FL 33024

Mailing Address
7100 PINES BLVD.
#12
PEMBROKE PINES FL 33024-7355

3. Date Incorporated or Qualified
09/07/1994
3a. Date of Last Report
04/02/1996

2. Principal Place of Business
21 4650 S.W. 51ST STREET
Suite, Apt. #, etc.
22 BAY 715
City & State
23 DAVIE, FLORIDA
Zip
24 33314 Country
25 USA
2a. Mailing Address
26 4650 S.W. 51ST STREET
Suite, Apt. #, etc.
27 BAY 715
City & State
28 DAVIE, FLORIDA
Zip
29 33314 Country
30 USA

4. FEI Number
65-0519596
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
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SARDINAS, JACK
7100 PINES BLVD.
#12
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
4650 S.W. 51ST STREET
63 BAY 715
64 City
DAVIE FL 65 Zip Code
33314

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME SARDINAS, JACK
STREET ADDRESS 7100 PINES BLVD., #12
CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE D
NAME SARDINAS, DEBORAH L
STREET ADDRESS 7100 PINES BLVD., #12
CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4650 S.W. 51ST, #715
1.4 CITY-ST-ZIP DAVIE, FL, 33314
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4650 S.W. 51ST, #715
2.4 CITY-ST-ZIP DAVIE, FL, 33314
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 an address. JACK SARDINAS

SIGNATURE: _____ 3/19/97 (984) 581-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)