

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000043057 (5)**

1. Corporation Name
HEFFERNAN ELECTRIC, INC.



Principal Place of Business: **10551 NE SECOND PLACE MIAMI SHORES FL 33138**
Mailing Address: **10551 NE SECOND PLACE MIAMI SHORES FL 33138**

3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report
4. FEI Number 65-060-3416	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. No., etc.	26. State, Apt. No., etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HEFFERNAN, MATTHEW
10551 NE SECOND PLACE
MIAMI SHORES FL 33138**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.06(1) and 607.06(2)(B), 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 obligation of, Section 607.06(2)(B), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the registered agent's authorized representative

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
1. NAME D HEFFERNAN, MATTHEW	
2. STREET ADDRESS 10551 NE SECOND PLACE	
3. CITY, STATE, ZIP MIAMI SHORES FL 33138	
4. TITLE	<input type="checkbox"/> DELETE
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	
8. TITLE	<input type="checkbox"/> DELETE
9. NAME	
10. STREET ADDRESS	
11. CITY, STATE, ZIP	
12. TITLE	<input type="checkbox"/> DELETE
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. TITLE	<input type="checkbox"/> DELETE
17. NAME	
18. STREET ADDRESS	
19. CITY, STATE, ZIP	
20. TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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. If an officer or director of the corporation or the registered or bonded employer to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Block 13 of a changed or original filing with an address.

SIGNATURE: *Matthew J. Heffernan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHEW J. HEFFERNAN

01/19/96 (305) 757-8380

CR2E034 (12/95)