

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052134 (0)**

1. Corporation Name
MELCO ELECTRIC-SOUTH, INC.



Principal Place of Business: **10084 WINDTREE LN BOCA RATON FL 33428**
Mailing Address: **10084 WINDTREE LN BOCA RATON FL 33428**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	07/15/1995		07/15/95 -New
4.	FBI Number		Applied For Not Applicable
	65-0614478		
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	

9. Name and Address of Current Registered Agent

**DAWSON, DONALD
10084 WINDTREE LN
BOCA RATON FL 33428**

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

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 _____ DATE _____
Signature typed or printed name of registered agent and their approval Name, Title, Age, Signature, Name, Title and Address

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAWSON, DONALD	
STREET ADDRESS	10084 WINDTREE LN	
CITY- ST- ZIP	BOCA RATON FL 33428	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BRUNNER, EDWARD	
STREET ADDRESS	11687 VENETIAN AVE	
CITY- ST- ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. TITLE			
6. NAME			
7. STREET ADDRESS			
8. CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. TITLE			
10. NAME			
11. STREET ADDRESS			
12. CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13. TITLE			
14. NAME			
15. STREET ADDRESS			
16. CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
17. TITLE			
18. NAME			
19. STREET ADDRESS			
20. CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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)(a), 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 registered or trustee empowered to execute his 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: *Donald Dawson* DONALD DAWSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 483-5646
Daly & Pines, P.A.

CR2E034 (12/95)