CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000028527 (5)

BARBER ELECTRICAL SERVICES, INC.

Principal Place of Business Mailing Address 4981 NW 54 STREET GOCONUT CREEK FL 33073-3733 4981 NW 54 STREET COCONUT CREEK FL 33073-3733

APPROVED AND FILED

98 NOV -3 PM 12: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



00		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0659535 Not Applicable	
		Sulte, Apt. #, etc.			
		<u> </u>			Additional
		27		 	Required
		City & State			May Be
23		28		Trust Fund Contribution	to Fees
Zip	Country	Zīp	Country	8. This corporation owes or has paid the current year is	ntangible
24	25	29	30	Personal Property Tax due June 30. X Yes	☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
GOLDSTEIN, MARK B ESQ. 81 Name					
According FEDERAL (MOINTAY KODERT A. Barder					
			82 Street Address (P.O. Box Number is Not Acceptable) 4981 NW 54 Street		
l	E 201				
FT. LAUDERDALE FL 33316					
			84 City	85 Zip	Codo
			Cocon	UT Creek 📰 📰 🖂	Code 073
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					
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.					
agent, an realistical sympathy accept the purification out 1000. Florida statutes.					
SIGNATURE Robert A. Barber, President, 7/20/98 Signature, typed or printed name of regisfered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TILE	D	DELETE	1.1 TITLE		
	GOLDSTEIN, MARK B	M DELETE		Change	Addition
NAME	1000 SOUTH FEDERAL HIGHWAY #201		1.2 NAME		ŀ
STREET ADDRESS		41 #201	1,3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE P / [) X Change	Addition
NAME	BARBER, ROBERT A		2.2 NAME		
STREET ADDRESS	4981 NW 54 STREET		2.3 STREET ADDRESS		1
	COCONUT CREEK FL 33				1
CITY-ST-ZIP	D D		2.4 CITY-ST-CIP	7	
TILE	-	L DELETE	3.1 TITLE : VP /	/ D X Change	Addition
NAME	BARBER, SHIRLEY		3.2 NAME S	5000002684195	2
STREET ADDRESS	4981 NW 54 STREET		3.3 STREET ADDRESS	500002684195 -11/10/9801029	UU3
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP	****550 . 00 ****	550.00
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4.2 NAME	Change	المسامد سے
STREET ADDRESS			4.3 STREET ADDRESS		1
					İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
IIITE		DELETE	5.1 TITLE	Change	Addition
NAME	Ţ.		5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS	k	l
CITY-ST-ZIP			5.4 CITY-ST-ZIP	~~	
TITLE	*	DELETE	6.1 TITLE	77	Addition
NAME		C DELETE	6.2 NAME	Change	C. A. Darron
				C~/ <i>I</i>	•
STREET ADDRESS			6.3 STREET ADDRESS	11	ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		į

14. I 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.

SIGNATURE:

A. Barber

7/20/98 954/360-0171