SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

	CTRICAL SERVICES INC				88
Principal Place	on Rusiness	Mailing Address		I POULLOUI ING TOTAD DIRAY DOLLA BOULL DELIKA	80XII 81811 88XXA 8118X XXII 818X 148X
18187 JUPITER LANDINGS DRIVE		18187 JUPITER LANDINGS DRIVE JUPITER FL 33458			
JOHNEN 16 0	NAME	JUFILEN FL 30430		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/06/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0670213	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Ele
Zip	Country	Ζιρ	Country		Added to Fees
24	25	29	30	 This corporation owes or has paid the Personal Property Tax due June 30 	
241	9. Name and Address of Cur		130	10. Name and Address of New Regis	·
GR	AEBER, RUSSELL T		81 Name		
	187 JUPITER LANDINGS DRIV	E	82 Street Add	Address (P.O. Box Number is Not Acceptable)	
JUPITER FL 33458		_	02 Sliber A	Rudress (F.O. Box Multiber is Mol Acceptable)	
			83		
			84 City	····	85 Zip Code
					FL:
CICNIATION #	Signature, typed or printed name of registered			corporation submits this statement for the purporation's board of directors. I hereby accept the control of the	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	GRAEBER, RUSSELL T		1.2 NAME		
STREET ADDRESS 18187 JUPITER LANDINGS		S DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		-
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- ST-ZIP 3.1 TITLE		Change Addition
NAME		C) bett if	3.2 NAME		change monitor
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ı
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T process	5 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4.CITY-51-2IP

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.