

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name
D & V ELECTRIC COMPANY INC.



Principal Place of Business
5859 SW 97TH TERRACE
COOPER CITY FL 33328

Mailing Address
5859 SW 97TH TERRACE
COOPER CITY FL 33328-5735

3. Date Incorporated or Qualified 12/12/1996		3a. Date of Last Report N/A	
4. FEI Number 65-0701738		<input type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired		XX	\$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 type="checkbox"/> No			

2. Principal Place of Business

21	26
Suite, Apt #, etc.	Suite, Apt #, etc.

22	City & State	27	City & State
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23	Zip	Country	28	Zip	Country
24		25	29		30

9. Name and Address of Current Registered Agent

SCOTT, MARCIA
5859 SW 97TH TERRACE
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Print or type (or print) name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	P	
NAME	SCOTT, VINCENT	
STREET ADDRESS	C/O 5859 SW 97TH TERRACE	
CITY, ST, ZIP	COOPER CITY FL 33328	

TITLE	V	<input type="checkbox"/> DELETE
NAME	FRANCIS, DELROY	
STREET ADDRESS	C/O 5850 SW 97TH TERRACE	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCOTT, MARIA	
STREET ADDRESS	C/O 5859 SW 97TH TERRACE	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> Scott, Vincent C/O 5859 SW 97th Terrace Cooper City, Florida 33328
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Francis, Delroy		
2.3 STREET ADDRESS	c/o 5859 SW 97th Terrace		
2.4 CITY - ST - ZIP	Cooper City, Florida 33328		

3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Scott, Marcia		
3.3 STREET ADDRESS	c/o 5859 SW 97th Terrace		
3.4. CITY - ST - ZIP	Cooper City, Florida 33328		

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Delroy Francis/p 3/4/97 (954)434-5718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVIDSON PUBLISHING # 0005251

CR2E034 (9/96)