## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P9700 ECTRICAL SERVICES, INC		)			<u>                                     </u>
Principal Place of Business Mailing Address					1 100(0000 1100 101(4 1000)	DÍTA BLUID GUUIL ÁBUÍA BUÍA 1981
2325 AVENIDA BARCELONA ESTE 2325 AVENIDA BARCELONA ESTE					·	
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 3						
					DO NOT WRITE IN THIS	SPACE
ļ					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					01/17/1997 4. FEI Number	Applied For
21	26	, g / toda/coo		65-0717875	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country		8. This corporation owes or has paid the o	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	1 Agent
	Burris, Steven					
2325 AVENIDA BARCELONA ESTE			82	Street	Address (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33415				<del> </del>		
ļ			83	1		
			84	City	C.	85 Zip Code
44 Purcuant	the provisions of Sections 607 06	02 and 607 1508 Florida State	tor the show	e-pamed	corporation submits this statement for the ouroose	of changing its registered
agent. La	egi <b>ste</b> red agent, or both, in the State m <b>fam</b> iliar with, and accept the oblig	e of Florida. Such change was pations of, Section 607,0505, F	authorized b lorida Statute	y the corp s.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE Signature, typed or pointed name of registered agest and title if applicable (NCITE: Registers				ent signature	required when reinstating) DATE	<del></del>
12.	OF LICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D LI DELETE		1.1 TITLE			Change Addition
NAME	BURRIS, STEVEN		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			•
CITY-ST-ZIP	WEST PALM BEACH FL 334		1,4 CiTY - :	ST-ZIP		T Observe T Against
TITLE	D INCOMES INVES	☐ DELETE	2.1 TITLE	}		Change Addition
NAME	CHEEVER, JAMES	COTC	2.2 NAME			
STREET ADDRESS 2325 AVENIDA BARCELONA ESTE				ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334	DELFTE	2 4 CHY-	SI - ZIP	10000,000 00000	Change Addition
TITLE		pttitt	3.1 TITLE 3.2 NAME		TREASURER SECRETORY JOET A BURRIS 2325 AVENDA BARCELON	C change C Addition
NAME STREET ADDRESS			1	ADDRESS	2225 AUPLINA RAPIRED	A ESTY
CITY-ST-ZIP			3.4. CITY-		WAST DAY ON BLACK D	COUNA 3345
TITLE		☐ DELETÉ	4.1 TITLE	or tir	WEST PALM BLACH, F	Change Addition
NAME			4, 2 NAME			
STREET ADDRESS	_			ADDRESS		**
CITY-ST-ZIP			4.4 CITY-5			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ļ		
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS 6			6.3 STREET	ADDRESS		
CITY CT - 7/D			64 CiTY-9	21. 7/D		

14. Thereby 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.

**FILED** 

Aug 12 1998 8:00am

Secretary of State