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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000040491 (7)

TOM BALLARD FLECTRIC, INC.

FILED Jan 22 1998 8:00am Secretary of State

10/110	ALLENIO (LLLOTTHOT INO.											
Principal Place of Business Mailing Address									il 1891E BBIEL DOOR I				
8920 SW 197	7 ST		8920 SW	197 ST									
MIAMI FL 33157 MIAMI FL 33157									DO NOT WRIT	TE IN TUIC	en a er	_	
								3. Date Incorporat			SPACE		
								05/07/1997	ed of Qualified	•			
2. Principal F	Place of Busin		2a. Mailin	o Address				4. FEI Number				ĪΔr	plied For
21			26	26			59-2	72 4 R	83	<u> </u>	-+-	t Applicable	
Suite, Apt.	. #, e1c.			Suite, Apt. #, etc.			E Outilizate of Br			\$8	_	Additional	
22			27	27			5. Certificate of Status Desired Fee Required					periupe	
City & Stat	te		City &	City & State			6. Election Campaign Financing \$5.00 May Be						
23			28					Trust Fund Con	tribution		A	dded	to Fees
Zip		Country	Zip		30 Cou	intry		8. This corporation		4			
24 25 29 3 9. Name and Address of Current Registered Agent						r		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
			Itelit pediatetan b	- Your		81	Name	io. Name and Add	1888 OI 146W F	Johnsteren	Ayent		
	LLARD, THO												
8920 SW 197 ST MIAMI FL 33157						82	Street Add	dress (P.O. Box Number	is Not Accepta	able)			
l Mil	WMI LF 33 IS	o i				83							
ļ						Щ							
						84	City			FI	85	Zip (Code
office or agent. I a		ent, or both, in the S th, and accept the of						rporation submits this station's board of directors uired when reinstating)	i. I hereby acc	ept the app	iointme	ent as	registered
12.	5.g. (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		AND DIRECTORS	1140	13.		n organization rodu	ADDITIONS/CHA	NGES TO OFF		DIRE	CTOR	S IN 12
TITLE	D			DELETE	1.1 Tr	TLE					Ch	ange	Addition
NAME	BALLARI	D, T OM			12 N/	AME	1						
STREET ADDRESS	8920 SV	197 ST			1.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	MIAMI F	L 33157			1.4 CF	TY-\$1	r- ZIP						
TITLE				DELETE	2.1 TI	TLE					Ch Ch	ange	Addition
NAME					2.2 NA	ME	1						
STREET ADDRESS					2.3 ST	REET	ADDRESS						
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STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					4.4 CI								
TIPLE	 			DELETE	5.1 Til		- LH				☐ Ch	ange	Addition
NAME					5.2 NA		}					-	
STREET ADDRESS							ADDRESS						

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 suppliemental 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.

54 CITY-ST-ZIP

6.3 STREFT ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

DITY-ST-ZIP

TITLE

NAME

R. B. Harel Pros. 1-3-98 305-255-1360

Addition