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

DOCUMENT # P97000072930 (5)

WILCO ELECTRICAL CONTRACTING, INC.

FILED Feb 09 1998 8:00am Secretary of State



Sund, Apr. 4, etc. Sund, Apr. 4, etc. Sund, Ap	Principal Place	of Business	Mailing Address				
2. Principal Place of Business 3. Date Incorporated of Custilies 3. Date Incorporated 3	16919-S.W11	5 AVE	~16919 S.W. 115 AVE.				
8. Perceiptal Page of Business 8. Perceiptal Switch Switch 8. Perceiptal Switch 8. P	MIAMI FL 3315	57	MIAMI FL 33157			DO NOT WRITE IN THIS SPACE	
Applicate For Applicate Fo							
Remicrost Proce of Buserwise Applied For							
September Sept	2. Principal Pla	ace of Business	2a. Mailing Address				
Suite And # etc. Suite And # etc. Suite And #	21 8981		26 8981 5W	82	57.		
COUNTY & SUID ONLY & SUID ONL						\$8.75 Additional	
State Stat	22		h				
Added to Fees Post						Election Campaign Financing \$5.00 May Be	
Solution	23 MIA	mi FL	28 MIAMI FL				
HENDERSON, CATHRYN K 18919 S.W. 115 AVE. MIAMI FL 33157 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Of the Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Of the Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Of the Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Of the Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable Address (P.O. B	Zip		792	Country	-	8. This corporation owes or has paid the current year Intangible	
HENDERSON, CATHRYN K 18919 S.W. 115 AVE. MIAMI FL 33157 82 Stroot Address (P.O. Box Number is Not Acceptable) 83 64 City FL 85 Zip Code City FL	24 33 17	3 [25] USA	29 33/73 3	o O	DH	Total tart topon, Tart and announced	
HERDERSON, CATHRTIN K 18919 S.W. 115 AVE. MIAMI FL 33157 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 11. Pursuant to the provisions of Sections 607 01:02 and 607 15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of bridge or registered agent, or hard, in the Shriet of I kniss. South change was authorized by the corporation's boarded directors. Thereby accept the appointment as registered spent it in mysers with, end careage they explain the submits of Section South Control Statutes. The above-named corporation submits this statement for the purpose of changing its registered of bridge or registered spent in mysers with a company of the corporation's boarded directors. Thereby accept the appointment as registered spent in mysers and the submits of the appointment as registered spent in mysers and the submits of the appointment as registered spent in mysers and the submits of the appointment as registered spent in mysers and the submits of the appointment as registered spent in mysers and the appointment as registered app		9. Name and Address of Curre	nt Registered Agent				
MIAMI FL 33157 88	HEN	iderson, Cathryn K		81	Name		
Signet adoress Deleter	169	19 S.W. 115 AVE.		82	82 Street Address (P.O. Box Number is Not Acceptable)		
Fursuant to the provisions of Sections 607-05-02 and 607-15-08, 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 clyings was authorized by the corporation's bearged directors. I hereby scoept the appointment as registered agent. I mile state of Florida Such clyings was authorized by the corporation's bearged directors. I hereby scoept the appointment as registered agent. I mile state accept the sphotherine florida Statutes. State Sta	MIA	MI FL 33157		<u> </u>	<u> </u>	**************************************	
11. Pursuant to the provisions of Sections 607 00:02 and 607 15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or british in the State of Horida. Such clyinge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. I am precision in the purpose of changing its registered agent. In the corporation of the control of th				83			
11. Pursuant to the provisions of Sections 607 01:02 and 607 15:08. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent. Lam burder with, and accept they applications, Sections 97:05:05. Florida Statutes and the purpose of changing its registered agent. Lam burder with and accept they applications of Sections 97:05:05. Florida Statutes and the purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered agent. Lam burder with a purpose of changing its registered with a purpose of changing its registered with a purpose of changing its registered with a purpo				84	City	85 Zip Code	
office or registered agent, or both, in the State of Forda. Such clarge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In upwirlar with, and accept they objective or provide a control provides when devotating. 12.					· '		
Addition BIGH Lamil Lamillar with , and accupit they objections of . Section 19.70505. Floridal Statutes BIGNATURE SIGNATURE DETERMAND OFFI CLORS DET	11. Pursuant to	o the provisions of Sections 607.050	32 and 607.1508, Florida Statutes	the abov	e-named	I corporation submits this statement for the purpose of changing its registered providing boards of directors. I bereby accept the appointment as registered	
TILE DELETE ADDRESS OF LICE BS AND DELETE 1.5 THE DELETE ADDRESS ADDRESS OF LICE BS AND DELETE 1.5 THE DELETE 1.5 THE DELETE ADDRESS A	agent. I ar	n familiar with, and accept the oblig	intions of, Section 607.0505, Florid	da Statute	S.	porations boards are solders and appointment as registered	
TREE DETERMINENT AND THE PROPERTY OF THE PROPE	SIGNATURE A	athrine K. den	derson CATHEVI	N K.F.	END	ERSON/PRESIDENT 1/9/98	
THE NAME THE NAME THE NAME TO THE NAME T		Signature, typed or jointed has a lid registered as	· · · · · · · · · · · · · · · · · · ·		ont signature	e required when (einstating) DAT	
HENDERSON, CATHRYN K 19919 S.W. 115 AVE. MIAMI FL 33157 THE D WILSON, GARRY L 10919 S.W. 115 AVE. WILSON, GARRY L 10919 S.W. 115 AVE. WILSON, GARRY L 10919 S.W. 115 AVE. DELETE 2 NAME 2 NAME 3 SIRRET ADDRESS MIAMI FL 33157 THILE MAME 3 STREET ADDRESS SIRRET ADDRESS SIRR	12.			+		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13 STREET ADDRESS 169 19 S.W. 115 AVE. 13 STREET ADDRESS 14 CITY-ST-ZIP MIAMI FL 33157 Change Addition Ad		•	L_1 DELETE			ACTION L. HENDERSON	
MIAMI FL 33157 TITLE D WILSON, GARRY L 16919 S.W. 115 AVE. 10919 S.W. 115 AVE. MIAMI FL 33157 DELETE 21 TITLE PROPERS JOENT RADIONS TITLE DELETE 3.1 TITLE AMAGE 3.2 STREET ADDRESS DITY-ST-ZIP TITLE MAME 4.2 NAME 4.3 STREET ADDRESS DITY-ST-ZIP TITLE MAME ASSTREET ADDRESS DITY-ST-ZIP TITLE MAME STREET ADDRESS DITY-ST-ZIP DELETE 4.1 TITLE MAME 4.2 NAME 4.3 STREET ADDRESS DITY-ST-ZIP TITLE MAME STREET ADDRESS DITY-ST-ZIP DELETE 5.3 STREET ADDRESS DITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP MAME STREET ADDRESS DITY-ST-ZIP DELETE 5.4 STREET ADDRESS DITY-ST-ZIP DELETE 5.5 STREET ADDRESS DITY-ST-ZIP TITLE MAME 5.5 STREET ADDRESS DITY-ST-ZIP DELETE 6.5 TITLE MAME 6.5 STREET ADDRESS DITY-ST-ZIP Change Addition Additio	NAME						
WILSON, GARRY L 16919 S.W. 115 AVE. 16919 S.W. 115 AVE. MIAMI FL 33157 DELETE 3.1THE NAME SIREET ADDRESS CITY-ST-ZIP HITE NAME SIREET ADDRESS CITY-ST-ZIP HITE NAME SIREET ADDRESS CITY-ST-ZIP HITE NAME SIREET ADDRESS CITY-ST-ZIP HITE NAME SIREET ADDRESS CITY-ST-ZIP HITE NAME SIREET ADDRESS CITY-ST-ZIP HITE NAME SIREET ADDRESS CITY-ST-ZIP NAME SI	STREET ADDRESS						
WILSON, GARRY L 16919 S.W. 115 AVE. 17 STREET ADDRESS 18 STREET ADDRES	CITY-ST-ZIP		Chita	117 0177 01 01			
STREET ADDRESS CITY- ST- ZIP MIAMI FL 33157 DELETE DELETE 3.3 STREET ADDRESS CITY- ST- ZIP DELETE 4.1 THE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP DELETE 4.1 THE 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP DELETE 4.1 THE 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP DELETE 5.1 THE 5.3 STREET ADDRESS CITY- ST- ZIP THE 5.4 CITY- ST- ZIP THE 5.5 STREET ADDRESS CITY- ST- ZIP THE 5.4 CITY- ST- ZIP THE 5.5 STREET ADDRESS CITY- ST- ZIP THE 5.5 ST			DELETE				
MIAMI FL 33157 2 4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.4 CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE SAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE MAME 5.4 CITY-ST-ZIP TITLE MAME 5.5 STREET ADDRESS CITY-ST-ZIP TITLE MAME 5.6 STREET ADDRESS CITY-ST-ZIP TITLE MAME 5.6 STREET ADDRESS CITY-ST-ZIP TITLE MAME 5.6 STREET ADDRESS CITY-ST-ZIP TITLE MAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE MAME Addition Addi	NAME					RALPH DEWMAST.	
INTE NAME SIREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY-				2.3 STREET ADDRESS		miami Et 33/79	
Addition 3.2 NAME 3.3 STREET ADDRESS CITY- ST- ZIP 3.4 CITY- ST- ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP DELETE 4.1 TITLE DELETE 4.1 TITLE Change Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Change Addition	CITY-ST-ZIP	MIAMI FL 3315/			ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME A CITY-ST-ZIP TITLE MAME A CITY-ST-ZIP TITLE MAME A CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME A CITY-ST-ZIP A CI			L_ Dittell			Oligingo C. Acutico	
STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.1 TITLE 1.2 Change Addition DELETE 5.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CHANGE 5.3 STREET ADDRESS CITY-ST-ZIP 1.6 CHANGE 5.3 STREET ADDRESS CITY-ST-ZIP 1.6 CHANGE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.6 LITTLE 1.6 STREET ADDRESS CITY-ST-ZIP 1.6 STREET ADDRESS CITY-ST-ZIP 1.6 LITTLE 1.6 STREET ADDRESS CITY-ST-ZIP 2.6 STREET ADDRESS CITY-ST-ZIP 3. STREET ADDRESS CITY-ST-ZIP 4.6 STREET ADDRESS CITY-ST-ZIP 4.7 STREET ADDRESS CITY-ST-ZIP 4.8 STREET ADDRESS CITY-ST-ZIP 4.9 STREET ADDRESS CITY-ST-ZIP 4.1 STREET ADDRESS CITY-ST-ZIP 4.2 STREET ADDRESS CITY-ST-ZIP 5. STREET ADD							
INTILE MAME A. 2 NAME 4. 2 NAME 5. 2 NAME 5. 2 NAME 5. 3 STREET ADDRESS CITY - ST - ZIP TITLE 5. 4 CITY - ST - ZIP TITLE 5. 4 CITY - ST - ZIP TITLE 5. 4 CITY - ST - ZIP TITLE NAME 5. 3 STREET ADDRESS CITY - ST - ZIP TITLE 6. 4 CITY - ST - ZIP 1. 1 hereby cortify that the information supplied with this filting 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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in							
NAME 4. 2 NAME 4. 2 NAME 4. 3 STREET ADDRESS CITY-ST-ZIP TITLE DELFTE 5.1 TITLE NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 1. I hereby cortify 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 early that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in	CITY-ST-ZIP		Dilete		SI-ZIP	Channe Addition	
STREET ADDRESS CITY-ST-ZIP DELETE DELETE 5.1 TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition The control of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in			L Mitti	B		U Orango Li Adanto	
CITY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition Change Addition Change Addition Change Addition Addition Addition The control of the control of the receiver or trusted employee do the sempotral of the report as 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 receiver or trusted employee do tevesule this report as required by Chapter 607, Florida Statutes, and that my man appears in							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby cortify 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 grinual report or supplicemental amonal 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 receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in				1			
NAME STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition Change Addition Change Addition Addition Addition Addition 1 Inte 1	CITY-ST-ZIP		T DELETE	-	S1 - ZIP	Change Addition	
STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE AMME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 TREET ADDRESS CITY-ST-ZIP 6.5 TREET ADDRESS CITY-ST-ZIP 6.5 TREET ADDRESS CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CITY-ST-ZIP 6.0 CITY-ST-Z			LJ VELTTE			T Outside T unditing	
CITY-ST-ZIP 54 CITY-ST-ZIP 10 DELETE 61 TITLE 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 14. Thereby cortify 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 grinual 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	į.						
TITLE DELETE 61 TITLE Change Addition							
NAME 62 NAME 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 14. Thereby contify that the information supplied with this filting 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	CITY-ST-ZIP		T octore	-	ST-ZIP	Change Addition	
STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 74. I hereby cortify 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			L'I DELETE	1		C Orlange C Audult	
14. Thereby cortify 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	i				* ******		
14. Thereby cortify 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 grinual 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							
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	CITY-ST-ZIP	artifu that the information numbers	with the films done not qualify for	the event	ation state	Led in Section 119 07/3Y(). Florida Statutes. I further certify that the information	
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Unapter 607, Florida Statutes; and that my name appears in	indicated	on this annual report or supplement	tal annual report is true and accur	rate and th	at my sic	ignature shall have the same legal effect as it made under oath; that I am an	
Block 12 or Block 13 if changed, or on an attachment with an address.	officer or o	director of the corporation or the rec or Block 13 if changed, or on an all	ceiver or trustee empowered to ex achment with an address.	Kecute this	report as	is required by Chapter 607, Florida Statutes; and that my haine appears in	