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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0249502

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90090 029 ***158.75

DOCUMENT # P97000072930

1. Corporation Name

WILCO ELECTRICAL CONTRACTING, INC.

Principal Place of Business

8981 SW 82 ST
MIAMI FL 33173
US

Mailing Address

8981 SW 82 ST
MIAMI FL 33173
US

2. Principal Place of Business

21 22600 SW 180 CT

Suite, Apt. #, etc.

22

2a. Mailing Address

26 22600 SW 180 CT

Suite, Apt. #, etc.

27

City & State

23 MIAMI FL

Zip

24 33170

Country

25 USA

City & State

28 MIAMI FL

Zip

29 33170

Country

30 USA

3. Name and Address of Current Registered Agent

HENDERSON, CATHRYN K
16919 S.W. 115 AVE.
MIAMI FL 33157

81 Name CATHRYN K. HENDERSON

82 Street Address (P.O. Box Number Is Not Acceptable)

22600 SW 180 CT.

83

84 City MIAMI FL 85 Zip Code 33170

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

Cathryn K. Henderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CATHRYN K		1.2 NAME	
STREET ADDRESS	8981 SW 82 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWHIRST, RALPH		2.2 NAME	
STREET ADDRESS	8981 SW 82 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Cathryn K. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 305-248-9911

Date Daytime Phone #