

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90275 046 ***158.75

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DOCUMENT # P98000022479

1. Corporation Name

CLASSIC ELECTRIC AND FIRE ALARM SERVICES, INC

Principal Place of Business

Mailing Address

1253 UNIVERSITY DR 1253 UNIVERSITY DR
CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 9, 1998

4. FEI Number

65-0827888

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MC DONOUGH, MICHAEL R
STREET ADDRESS 1253 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

DELETE

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

Change

Addition

TITLE D
NAME MC DONOUGH, BETH L
STREET ADDRESS 1253 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R MCDONOUGH

Date

4/23/99 (954)484-0266

Daytime Phone #

CR2E034 (11/98)