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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

OLDCOAST ELECTRIC INC		
pal Place of Business	Mailing Address	
W. 79 ST.	1370 LAURELWOOD LANE	

**FILED** Mar 19 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address						<b>B</b> lbii ( <b>B</b> ibii i	ATRIC BIRLING	,BIL DIRILIBE
2684 W. 79 ST HIALEAH FL 3		1370 LAURELWOOD LANE DELRAY BEACH FL 33445-3501 US								
,					3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1991 05/01/1996					
	lace of Business	2a. Mailing Address				4.	FEI Number			Applied For
21 137C		26				ļ	65-0267730			Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional Required
City & State	PAY-BEACH, FL	City & State					Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Gountry R	Zip	Count	lгу		8.	This corporation has liability for in			s. 199.032,
24 3344	9 Name and Address of Current	Pagistared Agent	30				Florida Statutes  Name and Address of New Reg	Yes [		
	<del></del>	uefision vielit		ñΤ	Name	10.	Haille Sild Address of Hew Hey	JISTOTO 2	чрені	
	RKS, WALTER BRADFORD O LAURELWOOD LANE			_						
	RAY BEACH FL 33445		8	2	Street Addre	ess (P	O. Box Number is Not Acceptab	le)		
]	ANT DESCRIPTE GOVIO		8	3						
				4	City				1001 7.	Code
1			°	"	City			FL	<b>85</b>   Z <sub>1</sub>	p Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om im familiar with, and accept the obligat	of Florida. Such change was	: authorized I	bv.	the corporation	oration on's b	n submits this statement for the pleard of directors. I hereby acception	urpose of I the app	changing ointment a	j its registered as registered
SIGNATURE	Professional Control of the Control		ar et i i i i i i i i i		nt signature required			DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	(ger	n signature required		ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	P	DELETE	1.1 111U	F			ADDITIONS/OFFICE TO OFFICE	LIIO VIAD	Change	
NAME	MARKS, WALTER B		1.2 NAM	E					_	
STREET ADDRESS	1370 LAURELWOOD LANE		1.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY	- \$1	- ZIP				_	
TITLE	VP	DELETE	2.1 1111.5						☐ Change	e 🔲 Addition
NAME	MARKS, LORI A.		2 2 NAM	ΙE						
STREET ADDRESS	1370 LAURELWOOD LANE		2.3 STRE	ET #	ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL	T freeze	2 4 CiTy		T - ZIP		L AND WIND		T 0	
TITLE	ST AMERICA LODI A	DELETÉ	3 1 THILE						Change	e L_  Addition
NAME	Marks, Lori a 1370 Laurelwood Lane		3.2 NAM		+DD0F0D					
STREET ADDRESS	DELRAY BEACH FL				ADDRESS S					
CITY-ST-ZIP TITLE	DELINAT BEAUTI TE	DELETE	4.1 TITLE		1-211				Change	e Addition
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRE	ET#	ADDRESS					
CITY-ST-ZIP			4.4 CITY	- S1	- 21P					
TITLE		☐ DELETE	5.1 TOTAL	-					Change	e Addition
NAME			5.2 NAM	£						
STREET ADORESS			5.3 STRE	ET A	ADDRESS					
CITY-\$T-2IP			5.4 CITY		- 7IP		····		<del></del>	
TITLE		L DELETE	6.1 1ITLE		ļ				☐ Change	e L Addition
NAME			62 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	ov certify that the information supplied	with this filmo does not oug	6.4 CHY			in Se	ction 119 07(3)(i). Horida Statutes	Lfurther	Certify th	at 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 receive or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 it changed, or or an attachment with an address.