

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V02143 (8)
 1. Corporation Name
F & F ELECTRIC, INC.



Principal Place of Business 1520 NW 31ST AVE MIAMI FL 33125	Mailing Address 1520 NW 31ST AVE MIAMI FL 33125-1941
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3. Date Incorporated or Qualified 12/19/1991	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0305811	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLINGOS, THOMAS P. J
1520 NW 31 AVENUE
MIAMI FL 33125

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 _____ DATE _____
(Sign the typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLINGOS, THOMAS P. J		1.2 NAME	
STREET ADDRESS 1520 NW 31 AVENUE		1.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI FL		1.4 CITY- ST- ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLINGOS, JILL T.		2.2 NAME	
STREET ADDRESS 1160 HERON AVENUE		2.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI SPRINGS FL		2.4 CITY- ST- ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLINGOS, GERALD W.		3.2 NAME	
STREET ADDRESS 1160 HERON AVENUE		3.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI SPRINGS FL		3.4 CITY- ST- ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLINGOS, THERESE M.		4.2 NAME	
STREET ADDRESS 1520 NW 31 AVENUE		4.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI FL		4.4 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLINGOS, THOMAS P.		5.2 NAME	
STREET ADDRESS RT 3 BOX 278B		5.3 STREET ADDRESS	
CITY- ST- ZIP HENDERSONVILLE NC		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 do 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.

SIGNATURE: Therese M. Flingos **Therese M. Flingos** 4/15/97 305-638-8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)