

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90020 035 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V26414

1. Corporation Name
FIRST CHOICE ELECTRICAL SERVICES, INC.



Principal Place of Business 20225 N.E. 15 COURT NORTH MIAMI BEACH FL 33179	Mailing Address 20225 N.E. 15 COURT NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7901 W. 25th Ave. Suite, Apt. #, etc. 22 Bay 1 City & State 23 Hialeah, Florida Zip Country 24 33016 25 USA	2a. Mailing Address 26 7901 W. 25th Ave. Suite, Apt. #, etc. 27 Bay 1 City & State 28 Hialeah, Florida Zip Country 29 33016 30 USA	3. Date Incorporated or Qualified 04/01/1992	4. FEI Number 65-0316917	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

HENEGAR, BILL C
20225 N.E. 15 COURT
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name Henegar, Bill C.	85 Zip Code 33016
82 Street Address (P.O. Box Number is Not Acceptable) 7901 W. 25th Ave.	
83	
84 City Hialeah	FL

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  **Bill C. Henegar President** DATE **3/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENEGAR, BILL C.		1.2 NAME	
STREET ADDRESS 20052 N.E. 15 CT		1.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX-HENEGAR, WALLIS L.		2.2 NAME	
STREET ADDRESS 20052 N.E. 15TH CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX/HENEGAR, WALLIS L.		3.2 NAME	
STREET ADDRESS 20052 N.E. 15TH CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH FL 33179		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  **BILL C. HENEGAR / PRES.** DATE **1/5/99** (305) 822-6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)