

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER H. WATKINS
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # V48858 (7)

95 MAY -1 AM 1:04

DIRECT CONNECTION ELECTRIC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1712 N.E. 20TH ST.
FT. LAUDERDALE FL 33305**

Mailing Address
**1712 N.E. 20TH ST.
FT. LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created 07/06/1992	3b. Date of Last Report 04/05/1994
21. State, Apt. # etc.	26. State, Apt. # etc.	4. FDI Number 65-0344022		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under S. 194.03, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPRIO, CATHY A.
1712 N.E. 20TH ST.
FT. LAUDERDALE FL 33305**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 understand the obligations of such agent under 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME D CAPRIO, DAVID M. 1712 N.E. 20TH ST. FT. LAUDERDALE FL		1. NAME	☐ Change ☐ Addition
2. NAME D CAPRIO, CATHY A. 1712 N.E. 20TH ST. FT. LAUDERDALE FL		2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 194.03(2)(b), Florida Statutes. I further certify that the information submitted with this filing is not a copy of a report or statement previously filed and is accurate and that my registration shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons responsible for making this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 1 of Block 13 of this filing. I did not change my name after filing with an address.

SIGNATURE:

David M. Caprio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

(305) 565-4884