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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT # V48858 (7)  1. Corporation Name  DIRECT CONNECTION ELECTRIC, INC.  Principal Place of Business  Mailing Address                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                 |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
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| 1712 N.E. 20TH ST.<br>FT. LAUDERDALE FL 33305                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | 1712 N.E. 20TH ST.<br>FT. LAUDERDALE FL 33305                                                   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
| THE ENOUGH                                                                                                                                                                                                                                                                                                                                                             | DALE TE GOLGO                                                                                                                                         | FI. LAUDENDALE PL                                                                               | 30305                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Incorporated or Qualified                                                    | 3a. Date of I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Lost Dooset                                   |
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| 2. Principal Pla                                                                                                                                                                                                                                                                                                                                                       | ace of Business                                                                                                                                       | 2a. Mailing Address                                                                             |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. 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| Suite, Apt. #                                                                                                                                                                                                                                                                                                                                                          | #, etc.                                                                                                                                               | <b>26</b>                                                                                       |                                                                                                                                                                                                         |                                                                                                                                                                                           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Applicable                                |
| 22                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                       | 27                                                                                              |                                                                                                                                                                                                         | 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 8.75 Additional<br>Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
| City & State                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                       | City & State                                                                                    |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Election Campaign Financing                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$5.00 May Be                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                    | Country                                                                                                                                               | <b>28</b>                                                                                       | Countr                                                                                                                                                                                                  | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Trust Fund Contribution  8. This corporation has liability for                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added to Fees                                 |
| <u>2</u> 4                                                                                                                                                                                                                                                                                                                                                             | 25                                                                                                                                                    | 29                                                                                              | 30                                                                                                                                                                                                      | ,                                                                                                                                                                                         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(99.032,                                |
|                                                                                                                                                                                                                                                                                                                                                                        | 9. Name and Address of Cu                                                                                                                             | urrent Registered Agent                                                                         |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Name and Address of New F                                                     | Registered Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt                                            |
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| Caprio, Cathy A.<br>1712 N.E. 20th St.<br>Ft. Lauderdale Fl 33305                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                 | 82                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ddress (P.O. Box Number is Not Acceptable)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
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code                                    |
| 11. Pursuant to                                                                                                                                                                                                                                                                                                                                                        | o the provisions of Sections 607.                                                                                                                     | 0502 and 607.1508, Florida Statu                                                                |                                                                                                                                                                                                         | - '                                                                                                                                                                                             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registered office                      |
| SIGNATURE _                                                                                                                                                                                                                                                                                                                                                            | n, and accept the congations of,                                                                                                                      | Sexion 607.0505, Florida Statute                                                                | tes, the above-<br>zed by the corp<br>s.                                                                                                                                                                | named corpor<br>poration's boar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ration submits this statement for the pured of directors. I hereby accept the app | irpose of changir<br>jointment as regi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | g its registered office<br>stered agent. I am |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                              | Signature, typed or princed name of registered                                                                                                        | Securition 607 000005, Frontia Startite<br>deprint and the iappin, ablo (N                      | tes, the above-<br>zed by the corp<br>s.                                                                                                                                                                | named corpor<br>poration's boar                                                                                                                                                           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| SIGNATURE                                                                                                                                                                                                                                                                                                                                                              | Synatore, typical or princed name of rugstered OFFICERS                                                                                               | Sexion 607.0505, Florida Statute                                                                | tes, the above-<br>zed by the corp<br>s.                                                                                                                                                                | named corpor<br>poration's boar<br>ont signalize require                                                                                                                                  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IN 12                                 |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                              | Signature, typical or primed name of registered OFFICERS D CAPRIO, DAVID M.                                                                           | Section 607 (1505), Florida Statute<br>Legente and the Lagrange MAND DIRECTORS                  | tes, the above-<br>zed by the corp<br>s.<br>OTE Registeres Apr<br>13.                                                                                                                                   | named corpor<br>poration's boar<br>ont signature requires                                                                                                                                 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regi<br>DATE<br>FICERS AND DIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTORS IN 12                                 |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                              | Synstyre, typed or printed name of rejistered OFFICERS D CAPRIO, DAVID M. 1712 N.E. 20TH ST.                                                          | Section 607 (1505), Florida Statute<br>Legente and the Lagrange MAND DIRECTORS                  | tes, the above-<br>zed by the corp<br>s.  OTE: Registere Agr.  1.1 TREE 1.2 NAME                                                                                                                        | named corpor<br>poration's boar<br>ont signature requires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d when reinsträng)                                                                | rpose of changir<br>pointment as regi<br>DATE<br>FICERS AND DIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTORS IN 12                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP                                                                                                                                                                                                                                                                                                               | Sprature, speed or princed name of registered OFFICERS D CAPRIO, DAVID M. 1712 N.E. 20TH ST. FT. LAUDERDALE FL                                        | Section 607, 0505, Florida Statute Section 607, 0505, Florida Statute SAND DIRECTORS  [] DELETE | tes, the above- zed by the corp s.  OIE Registree Age  13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY-                                                                                                        | named corpor<br>poration's boar<br>ant signal de require<br>at ADDRESS<br>S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d when reinsträng)                                                                | rpose of changir<br>pointment as regi<br>DATE<br>FICERS AND DIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTORS IN 12<br>hange                        |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE                                                                                                                                                                                                                                                                                                             | Sprature, speed or princed name of registered  OFFICERS  D  CAPRIO, DAVID M.  1712 N.E. 20TH ST.  FT. LAUDERDALE FL  D                                | Section 607 (1505), Florida Statute<br>Legente and the Lagrange And DIRECTORS                   | tes, the above- zed by the corp s.  13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE                                                                                                                  | named corpor<br>poration's boar<br>ant signature requires<br>1 ADDRESS<br>S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d when reinsträng)                                                                | rpose of changir<br>pointment as regi<br>DATE<br>FICERS AND DIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTORS IN 12<br>hange                        |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                  | Sprature, speed or princed name of registered OFFICERS D CAPRIO, DAVID M. 1712 N.E. 20TH ST. FT. LAUDERDALE FL                                        | Section 607, 0505, Florida Statute Section 607, 0505, Florida Statute SAND DIRECTORS  [] DELETE | tes, the above- zed by the corp s.  13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 THLE 2.2 NAME                                                                                                         | named corpor<br>poration's boar<br>ant signature requires<br>1 ADDRESS<br>S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d when reinsträng)                                                                | rpose of changir<br>pointment as regi<br>DATE<br>FICERS AND DIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTORS IN 12<br>hange                        |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP                                                                                                                                                                                                                                                                     | Sprature, speed or princed name of registered  OFFICERS  D  CAPRIO, DAVID M.  1712 N.E. 20TH ST.  FT. LAUDERDALE FL  D  CAPRIO, CATHY A.              | Section 607, 0505, Florida Statute Section 607, 0505, Florida Statute SAND DIRECTORS  [] DELETE | tes, the above- zed by the corp s.  13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 THLE 2.2 NAME                                                                                                         | named corpor<br>poration's boar<br>ont signature require<br>11 ADDRESS<br>S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d when reinsträng)                                                                | rpose of changir<br>pointment as regi<br>DATE<br>FICERS AND DIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTORS IN 12<br>hange                        |
| SIGNATURE  112.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE                                                                                                                                                                                                                                                             | Sprature, spect of princed name of registered OFFICERS  D CAPRIO, DAVID M. 1712 N.E. 20TH ST. FT. 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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME                                                                                                                                                                                                                                                        | Sprature, spect of princed name of registered OFFICERS  D CAPRIO, DAVID M. 1712 N.E. 20TH ST. FT. 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SIGNATURE:

4/29/16 (954) 565-4884