

9/25/95-5-6310-0
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SEC. STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L02710 (6)**
 1. Corporation Name
BRONCO ELECTRIC, INC.

Principal Place of Business Mailing Address
% DAVID KRAVITZ
16345 W. DIXIE HIGHWAY #179
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/18/1989** 3a. Date of Last Report **04/26/1994**
 4. FEI Number **65-0145727** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **1062 PINE BRANCH DRIVE** 26 **1062 PINE BRANCH DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **F-DALE FLA 33326** 27 **F**
 City & State City & State
 23 **FT. LAUDERDALE** 28
 City & State City & State
 24 **33326** 30
 City & State City & State

9. Name and Address of Current Registered Agent
KRAVITZ, DAVID
1062 PINE BRANCH DRIVE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KRAVITZ, DAVID	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16345 W. DIXE HWY #179	CITY-ST-ZIP NORTH MIAMI BCH FL	1.2 NAME KRAVITZ, DAVID	
		1.3 STREET ADDRESS 1062 PINE BRANCH DR	
		1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33326	
TITLE ST	NAME KRAVITZ, GABRIELA	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16345 W. DIXE HWY #179	CITY-ST-ZIP NORTH MIAMI BCH FL	2.2 NAME KRAVITZ, GABRIELA	
		2.3 STREET ADDRESS 1062 PINE BRANCH DR	
		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33326	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: David C. Kravitz DAVID C. KRAVITZ 4-20-95 305-384-8688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Phone #)