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PROFIT CORPORATION ANNUAL REPORT

1999⁻



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90001 048 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 416927

ELECTRONIC SHEETMETAL CRAFTSMEN OF FLORIDA, INC.

Principal Plac	e of Business	Mailing Address				* 100 11 0 100 11010			,
3675 W. NEW HAVEN AVE. 3675 W. NEW HAVEN AVE.			AVE.						
MELBOURNE FL 32904-0597 MELBOURNE FL 32904-0597			14-0597			DO NOT WRITE IN THI			,
						3. Date Incorporated or		IS SPACE	
						•	Qualiled .		
2 Deinging D	lions of Puninces	2a. Mailing Address				01/11/1973 4. FEI Number			
`	Place of Business	 1				"		<u> </u>	plied For
Suite, Apt.	# 010	Suite, Apt. #, etc.				59-1440706		<u> </u>	t Applicable
	w, etc.	——————————————————————————————————————	•			5. Certifcate of Status I	Desired 🔲	\$8.75 / Fee Re	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State							·.
<u> </u>	ic.	⊢ •				6. Election Campaign F Trust Fund Contribut	~	\$5.00	May Be to Fees
Zip	Country	Zip	Co	ountry					/
·			30			8. This corporation owe Personal Property Ta	_	ntangibie Yes	Z No
24	9. Name and Address of Currer	1==1	30	Τ.		10. Name and Address			de la companya de la
		nt regional rigani		81	Name	19. Yuliid dilu Yuki 000		- · · · · · · · · · · · · · · · · · · ·	
MILL	ER, JULIUS					· ···			
3675 W. NEW HAVEN AVE.				82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
	BOURNE FL 32904			83		14-50 AN 11-55 81 1 1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81 35 J. 54 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 K I 19 K 3 M	Africant 1 31
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222 2 123	12 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	00	14-4-4 11				Г:	<u> </u>	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change w	ras authorize	ed by t	the corporation	on's board of directors. I her	eby accept the app	ointment as re	gistered
agent. Fa	m familiar with, and accept the obliga-	ations of, Section 607.0505	o, Florida Sta	atutes.	•				
SIGNATURE	Signature, typed or printed name of registered age	ant and title if annicable	(NOTE: Recisters	ad Acent	t signature require	d when reinstating)	DATE		
	digitature, typed or printed fields of registered age								
12.	OFFICERS AN				- agriciale require		S TO OFFICERS A	ND DIRECTO	RS IN 12
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TITLE	VD	ND DIRECTORS	13 E 1.17	TITLE			S TO OFFICERS A		
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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 change it, or on an attachment with an address, with all other like empowered.

SIGNATURE

Daytime Phone #