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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G45566

(8)

FILED Feb 02 1998 8:00am Secretary of State

MEISNER ELECTRIC INC. OF FLORIDA					
Brigatinal Bloc	ce of Business	Bioline Address			
1		Mailing Address			
220 NE 1ST ST. 220 NE 1ST ST. DELRAY BCH FL 33444 DELRAY BCH FL 33444					
DEERN BON PE 30444			DO NOT WRITE	E IN THIS SPACE	
İ				3. Date Incorporated or Qualified	
				06/14/1983	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2312811	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		├ ──		6. Election Campaign Financing	\$5.00 May Be
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	— ` · · · · · · · · · · · · · · · · ·	30	This corporation owes or has personal Property Tax due June	
	g. Name and Address of C			10. Name and Address of New Ro	
ON.	INEN. JANET		81 Name		-
220 NE 1ST ST.			82 Street Addre	ess (P.O. Box Number is Not Acceptal	اماما
DELRAY BCH FL 33444			82) Street Addre	ess (P.O. Box Number is Not Acceptal	ole)
)	Carrie Borrie Gorri		83		The second secon
ļ					a at the same of t
İ			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the	purpose of changing its registered
office or r	registered agent, or both, in the	State of Florida. Such change was au chligations of Section 607 0505. Flori	thorized by the corporation	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	an jarima nanjasa assopi me	551,920-10-01, 200.001, 501,000-01, 1.51.			
SIGNATURE	Stgnature, typed or printed name of register	ed agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstaling)	DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ONNEN, TIM D		1,2 NAME		
STREET ADDRESS	220 NE 1ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	El or me	1.4 C/TY-ST-ZIP		01
TITLE	V	DELETE	2.1 TITLE		Change
NAME	MCCORMICK, MARK		2.2 NAME		
STREET ADDRESS	220 NE 1ST STREET		2.3 STREET ADDRESS	,	· ·
CITY-ST-ZIP	DELRAY BCH FL	DELETE	2. 4 CITY-ST-ZIP		en en en en en en en en en en en en en e
TITLE	STDM ONNEN, JANET I				Channa Add Co
NAME			3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		LI Change L. Addition
	220 NE 1ST STREET		3.2 NAME 3.3 STREET ADDRESS		Li Change Li Addition
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

561-278-8362