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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

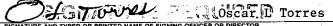
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

 Corporation 	ELECTRICAL SUPPLY COI	MPANY, INC.			
Principal Place	e of Business	Mailing Address		T THE STATE OF STATE	#181) #1811 #1911 #1911 #1911 1881
3190 SE DOMIN		3190 S.E. DOMINICA TERRA	CE		
PO BOX 1908 P.O. BOX 1908			DO NOT WRITE IN THE	C CDACE	
STUART FL 34995		STUART FL 34995		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US				05/01/1987	
2 0-1	and of Dunings	2a. Mailing Address		4. FEI Number	Applied For
	ace of Business	26. Walling Address		57-0528722	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	.,,	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	11	80	Personal Property Tax.	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	a Agent
000	AD I TODDES			<u> </u>	
OSCAR L. TORRES		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
3190 SE DONINICA TERR PO BOX 1908		83			
	ART FL 34995				
310/	-INI FE 3-1893		84 City	F	L 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	horized by the comorati	poration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its registered ointment as registered
ago		Mibris Di, Dection 007.0000, Florid	da Statutes,		ļ
SIGNATURE				ed when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
·	Signature, typed or printed name of registered age		Registered Agent signature require	a attor to to to to to	AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agent signature require	a attor to to to to to	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN VSD TORRES, AYMEE G	nt and title if applicable. (NOTE: F	Registered Agent signature require 13.	a attor to to to to to	
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CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.



2-5-99

561-286-5049