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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # K15302 1. Corporation Name

STREET ADDRESS

SIGNATURE: |

CITY-ST-ZIP

M.G.M. FLECTRIC, INC.

W-CMF I								
Principal Place	e of Business	Mailing Address					II BIBII BIBII BI	E(  01911 )0E1
13920 LAKE MA	AGDALENE BLVD.	13920 LAKE MAGDALENE BLV	/D.					
TAMPA FL 33618 TAMPA FL 33618					DO NOT WRI	TE IN THIS S	DACE	
US US					Date Incorporated or Qualifed	IL IN THIS S	FACE	
						•		1
9 Division D	de la constanta de la constant	2- Mailing Address			02/17/1988 4. FEI Number			lied For
<b>─</b> `	lace of Business	2a. Mailing Address 26 13805 6001	Lîfe	RJ.	59-2887004			Applicable
Suite, Apt.	# atc	26 13805 6004 Suite, Apt. #, etc.	rike_	1 100			\$8.75 A	
22	#, <del>6</del> 10.	27			5. Certificate of Status Desired	×	•	quired
City & State		City & State			6. Election Campaign Financing		\$5.00 H	May Re
23		28 Tampa FL			Trust Fund Contribution		Added to	
Zíp	Country	Zip	Country		8. This corporation owes the curr	rent year Intar	ngible	
24	25	29 35(e18 30	J H///	sborough	Personal Property Tax.	[	Yes	□No
	9. Name and Address of Current	t Registered Agent		, <b>y</b>	10. Name and Address of New I	Registered A	gent	
			81	Name				
	RK MARCHESE		82	Street Addre	ss (P.O. Box Number is Not Accept	able)		
	20 LAKE MAGDALENE BLVD. IPA FL 33618		83					
17 411						,	Tall at a	
			84	City		FL	85 Zip C	
· · · · · · · · · · · · · · · · · · ·	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida, Quah ahanga was suth	orized by th	he corporation	's board of directors. I hereby acces	pt the appoint	ment as reg	istered
office or re agent. I as	Signature, typed or printed name of registered agen	ions of, Section 607.0505, Florida	a Statutes.	PL HE5	E PRESENENT when reinstating)	1 C	7-90	<u>}</u> _
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6.3 STREET ADDRESS

MARK G. MARCHETE PRES. 1-9-99 Y13-960-487L

6.4 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 attach tent with an address, with all other like empowered.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90059 008 \*\*\*158.75

