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Mailing Address

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027519

FLORIDA BREAKER & ELECTRICAL SURPLUS, INC.

Principal Place	e of Business	Mailing Address				• • • • • • • • • • • • • • • • • • • •		
837 SW 17 AVI	ENUE	% FRAN HACKER						
DELRAY BEACH	H FL 33444	1125 SW 101 RD						
US	•	DAVIE FL 33324			DO NOT WR		SPACE	
		US			3. Date Incorporated or Qualifed			
					04/14/1993			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21 26					65-0402243	·] N(t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□.		Additional
22	• .	27			5. Certificate of Status Desired	□.	Fee R	equired
City & Stat	te ·	City & State			6. Election Campaign Financing	П	\$5.00	May Be
23 28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Counti	ry	8. This corporation owes the cur	rent year Int	angible	
24	25	29	30		Personal Property Tax.	ŕ	Yes	□No
	. 9. Name and Address of Curre		<u> </u>		10. Name and Address of New	Registered	Agent	
		JUL CHA	8	1 Name			•	
HAC	WED DOCKINA		ļ			1-61-1		· :
1500	NW 49TH ST	1. 祝僧教1、八号	8	2 Street Add	dress (P.O. Box Number is Not Accep		. •	• •
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11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ve-named cor	rporation submits this statement for the tion's board of directors. I hereby acce	e purpose of	changing its	registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such change was autorised in Section 607.0505, Florida	da Statute	ss.	uon's board of directors. Thereby acce	spr ard appoi	ingitioni do it	giotorea
9		•						I
	<i>i</i>	***						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Ag	ent signature requi	ired when reinstating)	DATE	· .	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Ag	ent signature requi	ADDITIONS/CHANGES TO O			$\overline{}$
	Signature, typed or printed name of registered ag				ADDITIONS/CHANGES TO O		ID DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered ag OFFICERS A DPS	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O			$\overline{}$
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14. 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.

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90031 033 ***150.00