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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070788

AUTOMATED ENERGY SECURITY INC.

				_						
Principal Place of Business Mailing Address								• • • • • • • • • • • • • • • • • •		
529 S FLAGLER	529 S FLAGLER DR									
29TH FL 29TH FL WEST PALM BEACH FL 334M WEST PALM BEACH FL 334			20404	M			DO NOT I	NDITE IN TH	IS SPACE	
WEST PALM BEACH FL 33401 WEST PALM BEACH FL US US			33401	3401			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
บจ		03					09/27/1994			
2. Principal P	lace of Business	2a. Mailing Address	-				4. FEI Number		Ap	plied For
21		26					65-0574887			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ļ	5. Certifcate of Status Desire	d 🗆		Additional	
22		27				· · · · · · · · · · · · · · · · · · ·		Fee Re		
City & State	е	City & State					6. Election Campaign Finance	ing 🗆	\$5.00	
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		country			8. This corporation owes the	current year t	ntangible Yes	□No
24	25	29	30	<u> </u>		l	Personal Property Tax.	nu Pagietara		
	9. Name and Address of Curre	ent Registered Agent		81	Name		10. Name and Address of N	BW Kegistere	u Ayent	
IMPE	ERATO, DANIEL J			"	Name		_			
	S. FLAGLER DRIVE			82	Street	Address	(P.O. Box Number is Not Acc	ceptable)	•	
29-F										
	T PALM BEACH FL 33401			83						
WE3	I PALW BEACH IE 33401			84	City	·			. 85 Zip	Code
				i				F		
11. Pursuant	to the provisions of Sections 607.00 registered agent, or both, in the State	502 and 607.1508, Florida Sta	tutes, the	e above	e-named	corpora	ation submits this statement for a board of directors. I hereby a	the purpose accept the acc	of changing its pointment as re	registered egistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Si	tatutes		0.000				
_										
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered a	*****				required wh	nen reinstating).	DATE		
SIGNATURE 12.	OFFICERS A	AND DIRECTORS	1	3.		required wt	nen reinstating). ADDITIONS/CHANGES TO			
	OFFICERS A	*****	1			required wf			AND DIRECTO	DRS IN 12
12.	OFFICERS A IMPERATO, DANIEL	AND DIRECTORS	1.1	3.		required wh				
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12. TITLE NAME	OFFICERS A IMPERATO, DANIEL	AND DIRECTORS DELETE	1.1 1.1 1.2 1.3	3. 1 TITLE 2 NAME	t signature i	required wh			☐ Change	Addition
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CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intal appear report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an exerting or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed, or tachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE