\$ 158.75 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097480 (3)

KYLIN ELECTRIC, INC.

FILED Apr 17 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address						
977 WHIPPOORWILL DRIVE 977 WHIPPOORWILL DRIVE PORT ORANGE FL						
PONT ONANO	E FL	PORT ORRINGE PE		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified 11/26/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 621	Vaughn Kd	26 10 box 29	10792	59-3416178	Not Applicable	
Suite, Apt.	#, etc. 3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		27 City & State			Fee Required	
City & State	Urange +L	1 - 1 V V 	NGE FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
T ŽiĎ	3207 Galintry C.A.	29 32129-0792 30	Country	B. This corporation owes or has paid the cur		
24 73	Name and Address of Current		451	Personal Property Tax due June 30.	Yes No	
15		negistered Agent	81 Name	10, Name and Address of New Registered	Agent	
LEUZHIOEN, ONWHON M						
977 WHIPPOORWILL DRIVE 82 Street Addre				Idress (P.O. Box Number is Not Acceptable)		
PORT ORANGE FL 32127				Vaughn Ka		
			63	9		
			84 9POR	T ORANGE FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signative typed or prehad name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DVP	☐ DELETE	1.1 TITLE		Change Addition	
NAME	LEUZINGER, KERRY A	1	1.2 NAME	-1 01		
STREET ADDRESS	977 WHIPPOORWILL DR	1		621 vaughn Rd	_	
CITY - ST - ZIP	PORT ORANGE FL		1.4 CITY - ST - ZIP	PORT ORANGE, FC 3212		
TITLE	DP	☐ DELETE	2.1 TITLE	• •	Change Addition	
NAME	LEUZINGER, SHARON M	•	2.2 NAME			
STREET ADORESS	977 WHIPPOORWILL DR	i	2.3 STREET ADDRESS	21 Valughn Ko	_	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	21 Vaughn Rd Ber Orange , FL 3212		
TITLE		☐ DELETE	3 1 TITLE	• •	☐ Change ☐ Addition	
NAME			3.2 NAME			
STREE1 ADDRESS			3.3 STREET ADDRESS		}	
CITY - ST - 2IP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		Ī	4. 2 NAME		1	
STREET ADDRESS		ł	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS		<u> </u>	5.3 STREET ADDRESS			
CITY-ST-ZIP		_]	5.4 CITY - ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		j	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP		[
	pertify that the information complied with	this files does not qualify for th		in Section 119 07/3\(\text{i}\) Florida Statutes, I further or	artify that the information	

Indicated on this annual report or supplied with this limit does not dually for the exemptor stated in Section 119-07-070, Florida Statutes. Indicates in 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 truslee 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.