

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046137

1. Corporation Name

KEVIN	r- MATTOŅ	I ELECTRIC, INC.									
Principal Pla	ce of Business	3	Mailing Address	-			I INSTINUTE HE INISTINUTE IN	acim 42111 64611 (4HB) (
4209 NW 120TH LANE SUNRISE FL 33323			4209 NW 120TH LANE SUNRISE FL 33323			DO NOT	WRITE IN THIS	SPACE			
							3. Date Incorporated or Qua	airfed			
	• •						05/20/1998				
2. Principal	Place of Susin	PSS	2a. Mailing Address				4. FEI Number	•	1	Appli	ed For
							65-0840916			Not A	pplicable
Suite, Apt. #, etc. Suite, Apt. #,								ed 🗍	\$8.7	5 Add	ditional
22	,		27				5. Certificate of Status Desir	eo 🗀	Fee	Requ	ired
City & Sta	nte		City & State		T. C		-6 Election-Campaign Finan	cing =	\$5.0	00 м	ay Be
23			28				Trust Fund Contribution			ed to I	
ΖΊρ		Country	Zip	Cou	ntry		8. This corporation owes the	current year int		_	1
24	ſ	25	29	30			Personal Property Tax.		Yes	<u> </u>	No
	9. Name	and Address of Current	Registered Agent				10. Name and Address of h	lew Registered	Agent		
					81 N	Name					
	tton, kevin 19 NW 120Th				82 S	Street Addn	ddress (P.O. Box Number is Not Acceptable)				
.SU	NRISE FL 33	323			83			.' .			
					الية ا	5 '-			les l	ip Co	de
					[84] C	City		FI	85 Z	ap Co	uo
l		ions of Sections 607.0502 ant, or both, in the State of th, and accept the obligation	and 607.1508, Florida Sta Florida, Such change wa ons of, Section 607.0505,	stutes, the a s authorized Florida State	- -	•	oration submits this statement fo n's board of directors. I hereby		changing ntment as	its re s regis	gistered tered
SIGNATURE	=	or printed name of registered agent	and title it applicable. (N	OTE: Registered	bove-na by the utes.	amed corporation	1 when reinstating)	or the purpose of accept the appoi			
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Registered	bove-na by the utes.	amed corporation		or the purpose of accept the appoi		CTOR	
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90093 014 ***150.00