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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000057599**1. Corporation Name

GENERAL ECLECTIC OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90119 048 ***150.00



425 WEST MINNEOLA AVENUE CLERMONT FL 34711		425 WEST MINNEOLA AVENUE CLERMONT FL 34711				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/01/1997			
						4. FEI Number		Applied For	
2. Principal Pl	ace of Business	2a. Mailing Add	iress				\vdash	Not Applicable	
1		26				59-3457666	¢0.7		
Suite, Apt. i	#, etc.	Suite, Apt.	ŧ, etc.			5. Certificate of Status Desired		5 Additional Required	
2	* * * * * * * * * * * * * * * * * * * *	27				1 2 2 2			
City & State	,	City & State				6. Election Campaign Financing Trust Fund Contribution	Add	00 May Be ed to Fees	
Zip	Country 25	Zip 29	30	untry	<u> </u>	 This corporation owes the current year in Personal Property Tax. 	☐Yes	No	
<u></u>	9. Name and Address of Current F	Registered Agent				10. Name and Address of New Registered	Agent		
****				81	Name				
VITI, VICTOR V 425 WEST MINNEOLA AVENUE				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	RMONT FL 34711			83					
				84	City	F	85	Zip Code	
office or re	to the provisions of Sections 607,0502 agistered agent, or both, in the State of in familiar with, and accept the obligatio	Florida. Such cha	nge was authorize '.0505, Florida Sta	tutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment a	s registered	
	Signature, typed or printed name of registered agent a		`		nt signature requir	red when reinstating) DATE	ND DIDE	CTODE IN 12	
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS A	Cha		
TITLE	PD	ليا	DELETE 1.1	IIILE			□Она	inge Li Addition	
NAME	VITI, VICTOR V		1.21	NAME				\	
STREET ADDRESS	425 WEST MINNEOLA AVENUE		1.3	STREE	T ADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711		1.4	CITY-S	ST-ZIP				
TITLE			DELETE 2.1	TITLE	<u> </u>		☐ Cha	nge 🗌 Addition	
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREE	TADORESS	_	_		
CITY-ST-ZIP		-	2.4	CITY-	ST-ZIP				
TITLE			DELETE 3.1	TITLE			Cha Cha	nge 🔲 Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	TADDRESS			i	
CITY-ST-ZiP					ŞT-ZIP				
TITLE				TITLE	V. 2		☐ Cha	nge 🗌 Addition	
	•			NAME				Ì	
NAME.					T ADDRESS				
STREET ADDRESS					1			Ì	
CITY-ST-ZIP				CITY-S TITLE	31-ZIP		☐ Cha	nge Addition	
TITLE		Ц		NAME			,		
NAME					T ADDDDESS				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	***			CITY-S	ST-ZIP				
TITLE			DELETIC	TITLE			☐ Cha	nge	
NAME	fr1 * * 1 1		1	NAME				ł	
STREET ADDRESS			6.3	STREE	T ADDRESS				
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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 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 feceiver 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 open attachment with an address, with all other like expowered.

SIGNATURE: