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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 226134



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90033 017 ***158.75

CURTIS BATTERY & ELECTRIC CORPORATION	•

Principal Place	e of Business	Mailing Address					***			
1500 NORTHWE	EST 20 ST	1500 NORTHWEST 20 ST								
MIAMI FL 33142 MIAMI FL 33142			DO NOT WRITE IN THIS SPACE							
						3. Date Incorporated or Qualifed				l
						07/21/1959				; }
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For	i
21		26				59-0872226		. No	ot Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					10	\$8.75	Additional	l
22		27				5. Certifcate of Status Desired		Fee Re	equired	l
City & Stat	8	City & State				6. Election Campaign Financing	Π		May Be	
23		28				Trust Fund Contribution			to Fees	l
Zip	Country	Zip Cou		ıtry		8. This corporation owes the co			uris .	i
24	25	29	30			Personal Property Tax.		Yes	No	l
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New R	registered /	Agent		l
CHB	RTIS, THOMAS			•'	Name	<u> </u>				1
	1 MEADOWLARK AVE		1	82	Street Addre	ss (P.O. Box Number is Not Accepta	ible)			l
	MI SPRINGS FL 33168			83						l
) Criminas i E acija			83						j
(\mathcal{I})			1	84	City		FL	85 Zip	Code	1
- Loca	to the provisions of Sections 607.050	0 4 COZ 4500 Florido Ctot.	lon the ob		named sorns	ration submits this statement for the		changing its	registered	ł
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a	uthorized	bv ti	he corporation	n's board of directors. I hereby accep	t the appoir	ntment as re	gistered	
SIGNATURE										1
- GIONATONE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE		Agent	signature required		DATE	D DIDEOT	000 11 40	á
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	☐ Addition	1,0
TITLE	S	☐ DELETE	1.1 ТТ					☐ Criainge	☐ Addition	3
NAME	FITSPATRICK, ALEX A		1.2 NA							2
STREET ADDRESS	1				ADDRESS					30
CITY-ST-ZIP	FT LAUDERDALE FL 33304	B DELETE	1.4 CIT		ZIP			Change	Addition	0
TITLE	S	DELETE	2.1 TIT			•		[] Change		-
NAME	RANALLO, ANNE MARIE		2.2 NA							
STREET ADDRESS	1				ADDRESS				ļ	1
CITY-ST-ZIP	MIAMI, FLORIDA 33137	● DELETE	2. 4 CF		-ZIP			Change	Addition	ł
TITLE .	VD	- DELETE	3.1 TIT					مرست		L
NAME	CORLAZZOLI, JEAN		3.2 NA				_ ,			
STREET ADDRESS	1				ADDRESS					Ì
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CIT		-ZIP			Change	Addition	ł
TITLE		C Decert	4.1 111 4. 2 NA					<u> — ў</u> 3-		
NAME					ADDDE CC					
STREET ADDRESS					ADDRESS				•	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TIT		- 214			Change	Addition	1
		_ >====================================	5.2 NA						_	
NAME CERTARDES			1		ADDRESS	·				
STREET ADDRESS			5.4 CIT							1
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT		-			☐ Change	Addition	1
NAME		Land or Called Mar	6.2 NA	ME					_	ļ
			1		ADDRESS		•		1	١
STREET ADDRESS	1									1

6.4 CITY-ST-ZIP 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 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.

SIGNATURE:

CITY-ST-ZIP