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 # 291307 1. Corporation Name

BENNETT ELECTRIC CO

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90085 007 ***150.00



Principal Place of Business	Place of Business Mailing Address		I INRTIN II GIA I SIAT II DA SIIT DA SII I SAU A	(811 81811 81811 81811 81	arc sibii can	
10007 N E 4 AVE MIAMI SHORES FL 33138	10007 N E 4 AVE MIAMI SHORES FL 33138		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed			
			03/26/1965			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apr	lied For	
21	26		59-0867637	Not	Not Applicable	
Suite, Apt. #, etc.				\$8.75 Additional		
22	27		2202Cetticate:0(.btates besired22-1:12	Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23	28		Trust Fund Contribution) Fees	
Zip Country	<u> </u>	Country	This corporation owes the current year Personal Property Tax.		_{□No}	
9. Name and Address of Current F	29 30		10. Name and Address of New Registe			
5. Name and Address of Current P	egistered Agent	81 Name	The state of the s			
BENNETT, GEORGE H						
10007 N E 4 AVE	,	82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIAMI, FL		83		_		
33138				. 85 Zip C	odo	
		84 City		FL °° ^{zp} °	oue	
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was aufbörd	zed by the coroorau	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered jistered	
SIGNATURE			d when reinstating) DAT			_
Signature, typed or printed name of registered agent at		ered Agent signature require 3.	ADDITIONS/CHANGES TO OFFICER		RS IN 12	á
12. OFFICERS AND	5.11.261.61.6	1 TITLE		☐ Change	Addition	-
NAME BENNETT, GEORGE H		2 NAME			į	2
STREET ADDRESS 10007 NE 4 AVE		3 STREET ADDRESS		,		E03/
CITY-ST-ZIP MIAMI SHORES, FL 33138		4 CITY-ST-ZIP				Š
TITLE SD		1 TITLE		☐ Change	Addition	Ć
NAME BENNETT, NANCY	2.	2 NAME				
STREET ADDRESS 10007 NE 4 AVE	2.	3 STREET ADDRESS		•		١.
CITY-ST-ZIP MIAMI SHORES, FL 33138	2	4 CITY-ST-ZIP				بت
TITLE .	☐ DELETE 3.	1 TITLE		☐ Change	☐ Addition	
NAME .	3.	2 NAME				
STREET ADDRESS	3.	3 STREET ADDRESS				
CITY-ST-ZIP		4. CITY-ST-ZIP		Change	□ Addition	
TITLE	_	1 TITLE		☐ cuange	☐ Addition	}
NAME	l l	2 NAME				İ
STREET ADDRESS		3 STREET ADDRESS				ĺ
CITY-ST-ZIP		4 CITY-ST-ZIP		Change	Addition	
me		1 TITLE 2 NAME			[_],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME .	1	3 STREET ADDRESS				i
STREET ADDRESS		4 CITY-ST-ZIP				i
CITY-ST-ZIP		1 TITLE		Change	Addition	Ì
TITLE		2 NAME		_ ,	_	
NAME STREET ADDRESS		3 STREET ADDRESS				
3 OUNCES UPONESS		l		2		ı

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

BEKNETT