## 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 # 415775

(6)

BEE-LINE ELECTRIC, INC.

	FILE	)
Jan 21	1998	8:00am
Secre	etary o	of State

|--|

Same Address of Business   Mailing Address   Same				,				
DAINE FL 33282   DAINE FL 332828   DO NOT WRITE IN THIS SPACE	Principal Plac	e of Business	Mailing Address			F 16-9139 BIRDS 15-001 91411 38-011 F0-901 70141	#IEII #I##	ISS MINSS NINGS
3. Date Increased of Qualified Of Digital Place of Business   2a. Mailing Address   2a.	8910 WOODSIDE COURT 8910 WOODSIDE COURT			DO NOT MIDITE IN THIS SPACE				
2. Mainty Actifies   2. Mainty Actifies   3. Mainty Actifies   5. Main							1 1110 01702	
Suite, Apr. 9, etc.  Suite, Ap						01/02/1973		
Suitable Apt #, etc.	<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
City & State						59-1742411		
28	22 27		. <u> </u>	5. Certificate of Status Desired				
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year intangible   Personal Property Tax due due June 30.   To St.   To Name and Address of Current Registered Agent   To Name and Address of Nor Registered Agent   To Name and Address   To Name   To Name and Address   To Name   To Nam	<u></u> − '	e	<u>⊢</u> ¬ ′					
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  SIGNATURE  10. Name and Address of New Registered Agent  SIGNATURE  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 in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing in registered dilete or registered agent, or both, in the State of Florida, Statutes and State accorption submits this statement for the purpose of changing in registered agent, or both, in the State of Florida, Statutes and State accorption submits this statement for the purpose of changing in registered agent, or both, in the State Address (F.O. Both St		Country		Cou	ntrv			
GEIGER, JANET 810 WOODSIDE CT DAVIE FL 33328  84 City  85 Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing by registered agent, or both, in the State of Florida, Sucin change was authorized by the corporation's board of directors. I hereby accept the sprointment agyregistered agent, am familiar with, arroaccent the chilipathors of, Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the sprointment agyregistered agent, am familiar with, arroaccent the chilipathors of, Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the sprointment agyregistered agent, agent, a many at requirement agent ag	<del></del>	<b>⊢</b> ' ' '			,	· _ · _ · · · _ · · · _ · _ · _ · · _		
Services, Javan Note of projections 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. Stotch change was authorized by the corporation's board of directors. I hereby accept the promining agreed service of agent, and final with a management and final with a management and final with a management and management								
DAVIE FL 33328    B4	GE	IGER, JANET			81 Name			
DAVIE FL 33328    84   City   FL   85   Zip Code	891	10 WOODSIDE CT		ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptable	a)	·
11. Fursuant 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the pippointment ay registered agent, and familiar with, and-accent the holigations of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstation) / DAYE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  OFFICERS AND DIRECTORS 13. TITLE  OFFICERS AND DIRECTORS 14. STREET ADDRESS 12. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS	DA'	VIE FL 33328						
11. Pursuant to the provisions of Sections 607 (502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and-accent the obligations of Section 607, 6505, Florida Statutes.  SIGNATURE  Signature, hyeed or lock of name of registered agent and state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the pupplintment ay registered by the corporation's board of directors. I hereby accept the pupplintment ay registered agent. I am familiar with, and-accent the obligations of Section 607,6505, Florida Statutes.  SIGNATURE  Signature, hyeed or lock of name of registered and the threat statutes.  Signature, hyeed or lock of name of registered and the threat statutes.  Signature, hyeed or lock of name of registered and the threat statutes.  Signature, hyeed or lock of name of registered and the threat statutes.  Signature, hyeed or lock of name of registered and the threat statutes.  Signature, hyeed or lock of name of registered and the pupplint ay registered.  Signature, hyeed or lock of name of registered and the pupplint ay registered and the pupplint a					84 City		85	Zip Code
Signature, typed or provide any or required of in-st, and title it applies.   (NOTE. Registered Agent signature required when retrinstating)	14.0	to the end diese of Continue COZ OF	00 007 1500 51			and the state of t		: 't '
12	office or a agent. La	egistered agent, or both, in the State and familiar with, and accent the oblig	e of Florida. Such change wa gations of. Section 607.0505.	s authorized Florida Stat	by the corpora tes.	ation's board of directors. I hereby accept	the appointme	nt as registered
12. OFFICERS AND DIRECTORS.  ITILE P GEIGER, ROBERT H. STREET ADDRESS CITY-ST-ZP DAVIE FL TITLE QEIGER, JANET STREET ADDRESS CITY-ST-ZP DAVIE FL DAVIE FL DAVIE FL DAVIE FL DAVIE FL DAVIE FL DELETE STREET ADDRESS CITY-ST-ZP DAVIE FL DELETE ADDRESS CITY-ST-ZP DELETE ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IN 12 IN 12 IN 12 IN 12 IN 12 IN 14 IN 15 IN 16 IN 15 IN 16	SIGNATURE		. de . a de Marada.	A TT. 10-11		desired to the second s		
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DAVIE FL	NAME	GEIGER,ROBERT H.		1.2 NA	ME			ĺ
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MAME   STREET ADDRESS	CITY-ST-ZIP			1.4 011	Y-ST-ZIP		1	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 L hereby certify that the information stated in Section 1.19 D7(3)(i). Florida Statutes I further certify that the information	!!				I .		!	
	CITY-ST-ZIP	ertify that the information supplied	ulth this filing does not gualify	for the eve	Y-ST-ZIP	Section 119 07(3)(i) Florida Statutes I fu	rther certify the	t 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 ar 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.

SIGNATURE: