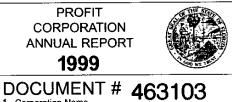
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90247 042 ***150.00

NOACK ELECTRIC, INC.	 * *	1,	
TO TOTAL ELECTRICATION IN CO.		• •	T KANGKA BENJA BIKAN KEKAN KINES NAKAN KINES NISH DESIK DIBIK DERIK BENJA SENJE

2155 BROADWA		2155 BROADWAY ST FT MYERS FL 33901				DO NOT WRITE IN T	HIS SPAC	CF.			
US		us				3. Date Incorporated or Qualifed 10/11/1974					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For		
		26				59-1551608	ľ		t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional				
City & State	 9	City & State				6. Election Campaign Financing			May Be		
23		28				Trust Fund Contribution			o Fees		
Zip 24	Country 25	—	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Register	ed Agent	<u>:</u>			
			8	31	Name						
NOACK, KLAUS P 2155 BROADWAY			1	32	Street Address (P.O. Box Number is Not Acceptable)						
FT. I	MYERS FL 33901		ļ.	33							
			1	B4	City		85	Zip (Code		
office or re agent. I a	egistered agent, or both, in th	607.0502 and 607.1508, Florida Statute e State of Florida. Such change was at e obligations of, Section 607.0505, Flor	uthorized i	DV (I	named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ar	e of chang pointmen	jing its t as re	registered gistered		
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE:	Registered A	gent :	signature require	ed when reinstating) DATE					
12.		ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIF	₹ECTO	RS IN 12		
TITLE	P	☐ DELETE	1,1 TITL	E				hange	Addition		
NAME	NOACK, KLAUS P		1.2 NAW	IE.							
STREET ADDRESS	2155 BROADWAY		1.3 STR	EET#	ADDRESS						
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY								
TITLE		☐ DELETE	2.1 TITL					hange	Addition		
NAME			2,2 NAM	1E	•						
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 CIT	Y-ST	- ZIP						
TITLE		☐ DELETE	3.1 TITL					hange	☐ Addition		
NAME			3.2 NAM	4E	İ						
STREET ADDRESS			33.STR	EET A	ADDRESS						
CITY-ST-ZIP			3.4. CIT								
TITLE		☐ DELETE	4.1 TITL					hange	Addition		
NAME.			4. 2 NA	ME							
STREET ADDRESS			4.3 STR	EFT.	ADDRESS						
	I		4.4 CITY		į.						
TITLE		☐ DELETE	5.1 TITL		ZII			hange	Addition		
			5.2 NAW			·	_	-			
NAME					ADDRESS						
STREET ADDRESS			5.4 CITY						ì		
CITY-ST-ZIP		DELETÉ	6.1 TITL	-				hange	Addition		
			6.2 NAM						_ "		
NAME					ADDRESS						
STREET ADDRESS			0.3 5 1 K		710						

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.

SIGNATURE: