PROFIT CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # 487652

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90007 044 ***158.75

FLORI	DA MODERN ELECTRIC C	O., INC.			\$ 186th \$180 (1811) (80) 8 419)	(ti n 1181 8:8() .	(8)) 8(8)(8)6;	1 616 12 0: 001 (00)
Principal Pl	lace of Business							
		Mailing Address				/// IE	·### 01011 8 # 8 ()	. WIEN 41811 1981
2046 MCKINLEY ST P. O. BOX 222896								
HOLLYWOOD FL 33022								
US	7 2 00020	03			DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
2. Principal	I Place of Business	2a, Mailing Address			10/14/1975			
21					4. FEI Number		A	pplied For
	ot. #, etc.	26			59-1663384		N	ot Applicable
22	, die	Suite, Apt. #, etc.			5. Certifcate of Status Desired	` X		Additional
City & St	tate	City & Costs			0	<u> </u>	- Fee R	equired
23		City & State			Election Campaign Financing		\$5.00	May Be
Zip	Country	28			Trust Fund Contribution			to Fees
24	[25]	Zip	Country	1	8. This corporation owes the curre	ent year Inta	ngible	
	9. Name and Address of Cur	[29]	[30]		Personal Property Tax.		Yes	□No
	J. Hame and Address of Cur	rient registered Agent	81	T	10. Name and Address of New R	egistered A	gent	
LIP	SITZ, BARRY		81	Name				
	35 ARTHUR ST.		82	Street Add	dress (P.O. Box Number is Not Accepta	hle		
	LLYWOOD FL 33020					0.07		
,,,	CE11100D1E 30020		83					
			84	Oit.				
			04	City		FL	85 Zip (Code
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO AND DIRECTORS	TE: Registered Agen	it signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
TITLE	PD	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO UP		☐ Change	Addition
NAME	LIPSITZ, MAXINE		1.2 NAME				cribinge	☐ Addition
STREET ADDRESS	s 2835 ARTHUR STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S1					
TITLE	VSTD		1.4 CH 1-31					1
NAME	LIPSITZ, BARRY	☐ DELETE	2.1 TITLE	1-211	***		Change	C Addition
STREET ADDRESS		☐ DELÉTE	2.1 TITLE	1-215			☐ Change	Addition
CITY-ST-ZIP	SI 2000 AKTHUH STREET	DELETE	2.2 NAME				Change	Addition
TITLE		☐ DELETE	2.2 NAME 2.3 STREET	ADDRESS			Change	Addition
NAME	HOLLYWOOD FL VP	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS		-	,	
	HOLLYWOOD FL VP		2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS		-	☐ Change	Addition
STREET ADDRESS	HOLLYWOOD FL VP LIPSITZ, ALBERT		2.2 NAME 2.3 STREET 2.4 CITY-S: 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP		-	,	
	HOLLYWOOD FL VP LIPSITZ, ALBERT 4700 LINCOLN		2.2 NAME 2.3 STREET 2.4 C/TY-S' 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS		-	,	
CITY-ST-ZIP	HOLLYWOOD FL VP LIPSITZ, ALBERT	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI	ADDRESS T-ZIP ADDRESS			□ Change	Addition
CITY-ST-ZIP	HOLLYWOOD FL VP LIPSITZ, ALBERT 4700 LINCOLN		2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S1 4.1 TITLE	ADDRESS T-ZIP ADDRESS			,	
CITY-ST-ZIP TITLE NAME	HOLLYWOOD FL VP LIPSITZ, ALBERT 4700 LINCOLN HOLLYWOOD FL	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S1 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP			□ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	HOLLYWOOD FL VP LIPSITZ, ALBERT 4700 LINCOLN HOLLYWOOD FL	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE 4.2 NAME 4.3 STREET,	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS			□ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME VAME VAME VAM	HOLLYWOOD FL VP LIPSITZ, ALBERT 4700 LINCOLN HOLLYWOOD FL	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET/ 5.4 CITY-ST 6.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADORESS -ZIP		, (Change Change	Addition Addition

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 of fustee 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: