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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90017 049 \*\*\*150.00

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 494054

. Corporation Name

ANGLE	ELECTRIC, INC.								
Principal Place of Business - Mailing Address						. A TAMATIN MEMBER TAKEN MEMBER M	IBLI BIBIK BIBI	I MINKI MINII INDI	
2293 W 76 STREET 11672 NW 5 STREET HIALEAH FL 33016 PLANTATION FL 33325								·	
US						DO NOT WRITE IN THIS SPACE			
{	•				3. Date Incorporated or Qualifed 01/23/1976				
2. Principal F	2a. Mailing Address	Vailing Address			4. FEI Number	P	Applied For		
21		26				59-1665943		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			. د ب	5. Certifcate of Status		5. Certificate of Status Desired	Desired \$8.75 Additional Fee Required		
City & State City & State				6.		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
23	3 28								
Zip 24	Country Zip 29 3			Country		8. This corporation owes the current year Intangible  Personal Property Tax.			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
WO 116 PLA	વુક્રમેં ક	9948		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)					
				84 Cit	/		<b>85</b> Zip	Code	
.11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the obligations of the obliga	02 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the a uthorize rida Stat	hbove-named by the courtes.	ned corpor orporation	ation submits this statement for the purpose of s board of directors. I hereby accept the appoin	changing it ntment as r	s registered egistered	
SIGNATURE		•							
12.	Signature, typed or printed name of registered age			d Agent signal	ure required w	when reinstating) DATE	D DIE 222	000 IV 40	
TITLE	OFFICERS AND DIRECTORS  DELETE		13.	m c		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		
NAME	WOODWARD, EDWARD V.	M DETELE	1.1 II				- Change		
STREET ADDRESS 11672 NW 5 STREET			1	TREET ADOR!	ess				
CITY-ST-ZIP PLANTATION FL				1.4 CITY-ST-ZIP					
TITLE	STD	DELETE	2.1 Π		_		☐ Change	Addition	
NAME	WOODWARD, SHIRLEY B.		2.2 N	AME			; -		
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS					
City-St-Zip	PLANTATION FL.		2.40	TY-ST-ZIP					
TITLE VACUE		☐ DELETE	3.1 TI 3.2 N				☐ Change	Addition	
STREET ADDRESS	is the lamas pay			TREET ADORI	ss l	the first of the first beginning to the second section of	e <sup>27</sup> - 2020 - 4296	Medi à letar	

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, good an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

☐ DELETE

□ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP 1

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME 

√

STREET ADDRESS

GRATURE AND TYPED OR PRINTED MAME OF SISTAING OFFICER OR DIRECTOR

CONTROL OF PRINTED MAME OF SISTAING OFFICER OR DIRECTOR

CONTROL OFFICER OR DIRECTOR

CONTROL

CB2E034 (11/08)

Change

☐ Change

☐ Addition

☐ Addition