## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation Name

CITY - S1 - Z-P

STREET ADDRESS

SIGNATURE:

TITLE

NAME

DOCUMENT # 512383

(1)

L & M ELECTRIC MOTOR AND PUMP REPAIR, INC.

Principal Place of Business Mailing Address 4210 PETERS ROAD 4210 PETERS ROAD PLANTATION FL 33317 PLANTATION FL 33317 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1976 04/20/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1689631 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Ζφ Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 4ARVES TOBACK, HARVEY Number is Not Acceptable) 82 Street Address **4210 PETERS ROAD PLANTATION FL 33317** Zip Code 33333 84 City 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 its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (1401). Flug yerich Agent signarure record diwher teinströng: DATE Signar an typed or protect came of region of layers about the stage of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 ☐ Change Addition DELETE 1 1 THEF TITLE E034 TOBACK, HARVEY 1.2 NAME NAME **4210 PETERS ROAD** STREET ADDRESS 13 STREET ADDRESS PLANTATION FL 1.4 CITY - S₹ - ZiP CITY - ST - ZIP ☐ Addition DELETE ☐ Change SD 2 1 TITLE TITLE TOBACK, SANDRA 2.2 NAME NAME **4210 PETERS ROAD** STREET ADDRESS 2 3 STREET ADDRESS PLANTATION FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - S1 - ZIP ☐ Change Addition DELFTE 4. 1 TiTLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STHEFT ADDRESS 4.4 CITY - \$T - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5 1 TITE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 C(1) - ST - Z(P)

6.3 STREET ADDRESS

HARVEY TOBACK

64 CITY - ST- ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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

6 1 TITLE

6.2 NAME

DELETE

Work

SIGNATURE

IND TYPED OR PRINTED NAME OF SIGNING OFFICE

Change

Addition