**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 523691 1. Corporation Name

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90039 035 \*\*\*150.00

ELECTRI	ICAL BY H.M.S., INC.							
Principal Place	e of Business	Mailing Address			I 188181 91510 15000 11(10 81110 19101 (18) E181) bioni 4:011 01011 41015 arbi			
UNIT 313		PO BOX 141626						
7165 SW 47 ST CORAL GABLES FL 33114					DO MOT MOTE IN THIS OF A CE			
MIAMI FL 33155 US						DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed			
					01/13/1977 4. FEI Number Applied F	-		
2. Principal Place of Business 2a. Mailing Address								
21   26   Suite, Apt. #, etc					59-1711932   Not Applie			
Suite, Apt. #, etc					5. Certificate of Status Desired Fee Required	iar-		
City & State   City & State					6. Election Campaign Financing 55.00 May B			
					Trust Fund Contribution Added to Fees			
Zip ·	Country		Country		8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax.  Yes No			
	9. Name and Address of Current				10. Name and Address of New Registered Agent			
			81	Name	9			
SCOTT, HOWARD F 10800 BISCAYNE BLVD			82 Street Address (P.O. Box Number is Not Acceptable)					
			82 Street Add		Address (P.O. Box Number is Nut Acceptable)			
STE 870 .			83					
MIAI	VII FL 33161				log 7: Octo			
)			84	City	FL 85 Zip Code	Ì		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e abov	e-named	d corporation submits this statement for the purpose of changing its register	ered		
( office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	nt Florida. Such change was authori	zea ov	the corpo	poration's board of directors. I hereby accept the appointment as registered	a		
	in familial with and accept the obligati	01, 000.01 007.0000, 1 101100 0		•	•	ĺ		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Regist	ared Age	nt signature r	e required when reinstating) DATE			
12.	OFFICERS ANI	D DIRECTORS 1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	PD	☐ DELETE 1.	1 TITLE		Mage □ A	Addition		
NAME	STEELE, HARRY M.	1.	1.2 NAME		S 1717 N BAYSHORE DR #3846			
STREET ADDRESS	7165 SW 47 ST #313	(T	1.3 FIREE		s /7/1/ 10 DAYSHORE DA FF 30.	}		
CITY-ST-ZIP	MIAMI FL	6	4gπy-s	T-ZIP	MIAMI FL 33/32			
TITLE	TD	☐ DELETE 2	2.1 TITLE		☐ Change ☐	Addition		
NAME	STEELE, DORIS O. 22N		2 NAME					
STREET ADDRESS			.3 STREE	TADDRESS	s	. \		
CITY-ST-ZIP'	PONTE VEDRA FL		4 CITY-5	T(ZIP)	32082			
TITLE			1 TITLE		☐ Change ☐ A	Addition		
NAME		. 3	2 NAME					
STREET ADDRESS	1	3	.3 STREE	TADORESS	s	}		
CITY-ST-ZIP		3	4. CITY-5	T-ZIP	<u>'</u>			
TITLE	☐ DÉLETE 4,11		1 TITLE		☐ Change ☐ A	Addition		
NAME		4	2 NAME			j		
STREET ADDRESS		4	3 STREE	TADDRESS	· ·	)		
CITY-ST-ZIP	·		4 CITY-S	T-ZIP				
TITLE	•	☐ DELETE 5	.1 TITLE		☐ Change ☐ A	Addition		
NAME		5	2 NAME			}		
STREET ADDRESS	SS		.3 STREE	T ADDRESS	s ·	}		
CITY-ST-ZIP		5.40		T-ZIP.				
TITLE								
		, □ DELETE 6	.1 TITLE		☐ Change · · ☐ /	Addition )		
NAME		,	.1 TITLE .2 NAME		[j] Change·· [j]	Addition		

CITY-ST-ZIP 14. I heraby 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: