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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90188 025 ***150.00

1, Corporatio	MEN # 556588 AS ELECTRIC MOTORS, INC						
Principal Plac	ce of Business	Mailing Address			189191 DISBL BIILD BIID BIID IN IN	BI BIL BIEN BIBIN AND	A BIRKI DIBIL (BAI
12743 BELLAM	IY BROS	12743 BELLAMY BROS BL	VD				
DADE CITY FL	- +·	DADE CITY FL 33525					
บร		US			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/30/1977		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	^A	Applied For
21		26			59-1802884		lo: Applicable
Suite, # pt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	Additional
City & Stat	<u> </u>	City & State					Sequired
_	te	City & State			6. Election Campaign Financing		0 vlay Be
Zip	Country		Cour		Trust I fund Contribution		to Fees
24	25	29	30	··· /	 This corporation owes the current yearsonal Property Tax. 	ear Intangible Yes	□No
	9. Name and Address of Curren	· - - - - - - - - - - 	1301		10. Name and Address of New Regist		
	5. Name and standard of Carrel	. Rogiotorea rigette		81 Name	10, Hame and Hadras of Herr Height	ur u rigoni	
GAT	'ES, BRYAN E.]				
306		Ì	82 Street Add	Iress (P.O. Bo> Number is Not Acceptable)			
CLE	ARWATER FL 33515		-	83			
			Į.				
				84 City		FL 85 Zip	Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statul	les the ab	ove-pamed corr	poration submits this statement for the purpo	•	s ranistered
office or r	egistered agent, or bo h, in the State	of Florida.Such change was a	authorized	by the corporati	ion's board of directors. I hereby accept the	appointment as r	eg stered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Statu	tes.			
_SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	Registered	Agent signature require	nd when reinstating) DA	TE	
12.		D DIRECTORS	13.	2	ADDITIONS/CHANGES TO OFFICE		OF S IN 12
TITLE	P	☐ DELETE	1.1 7171	E		☐ Change	
NAME	MILLIM, DARWELL M.		1.2 NA	ME			
STREET ADDRESS	12743 BELLAMY BROS BLVD		1.3 STF	REET ADDRESS			
CITY-\$T-ZIP	DADE CITY FL		1.4 C/T	Y-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITL			☐ Change	Addition
NAME	MILLIM, GLENNIS M.		2.2 NA	AE			
STREET ADDRESS			2.3 STF	REET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL			☐ Change	Addition
NAME			3.2 NAM	AE			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL			☐ Change	☐ Addition
NAME			4. 2 NA			•	•
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	5 1 TITL			Change	Addition
NAME			5.2 NAM			_	
STREET ADDRES			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	/-ST-ZIP			
TITLE		DELETE	6.1 TITL	E		☐ Change	Addition
NAME			6.2 NAA	RE		_ •	-
STREET ADDRESS			6.3 STR	EET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(%)(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 mistee empowered to execute this report as required by Chapter 507. 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:

STREET ADDRESS

GLENNIS M. Micim 4-26-9