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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 643774



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90207 032 ***150.00

TELFURI	D ELECTRIC INC.						
Principal Place	e of Business	Mailing Address	 		- (1981)	i Birii Gibii Birii Bi	(Bit Bibit (BB)
4268 ROYAL OAK DR P O BOX 31056							
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL			33420	0 DO NOT WRITE IN		IC CDACE	
us us					DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	SSPACE	
	•				11/01/1979		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	Apr	ofied For
					59-1952024	1	Applicable
26						\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00 h	Мау Ве
23 28					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year II		m.,
24	25		0		Personal Property Tax.		□No
 	9. Name and Address of Curre	nt Registered Agent	81 1	Name	10. Name and Address of New Registered	a Agent	_
TELL	FORD, NANCY M.			4aiiic			
	ROYAL OAK DR.		82 8	Street Addres	ss (P.O. Box Number is Not Acceptable)		į
PALM BEACH GARDENS 33410			83			_	_
, , ,	DE TOTAL CONTRACTOR		63				
			84	City	F	85 Zip C	ode
	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	22 and 207 1509 Florida Statutor	the above o	amed corno	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur		registered
agent. I a	m familiar with, and accept the oblig	ent and title if applicable. (NOTE: F	legistered Agent sign				
12.	PTS OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICEROR	☐ Change	Addition
TITLE	TELFORD, MICHAEL R		1.2 NAME			_ ,	_
NAME	JOSS BOYAL GAY BB		1.3 STREET ADORESS				
STREET ADDRESS	PALM BCH GARDENS FL			1			Ì
CITY-ST-ZIP	VSD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	☐ Addition
NAME	TELFORD, NANCY M		2.2 NAME				
STREET ADDRESS	ACCO DOVAL OALL DO			DDRESS			-
l	PALM BCH GARDENS FL		2. 4 CITY-ST-2				
CITY-ST-ZIP	Trigin port or tiperto (C	☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME		-		
STREET ADDRESS			3.3 STREET AL	ORESS			
CITY-ST-ZIP			3.4. CITY- ST-2	ZIP			
TITLE		☐ DELETE 4.1 TITL				Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AL	DRESS			
CITY-ST-ZIP			4.4 CITY-ST-Z	îP			
TITLE		☐ DELETE	5.1 TTLE			☐ Change	□ Addition
NAME			52 NAME				
STREET ADDRESS	Ì		5.3 STREET AD				,
CITY-ST-ZIP_			5.4 CITY-ST-Z	IP			☐ Adam.
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
	1						
NAME	!		6.2 NAME 6.3 STREET AL	- DECO			

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 fit changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

56/-626-0240