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**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90029 017 ***150.00

		**	
DOC	JMENT#	68270	5

1. Corporation Name SNELLING-ELECTRIC, INC.							
Principal Place of Business	Mailing Address						
6187 NW 167 ST H3 MIAMI FL 33015	6187 NW 167 ST H3 MIAMI FL 33015			J	DO NOT WRITE IN THIS	SPAC	:E
					3. Date Incorporated or Qualifed 09/17/1980		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	-	Applied For
21	26				59-2029889		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		.75 Additional ee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees		
Zip Country 24 25	Zip	Count	try		This corporation owes the current year In Personal Property Tax.	tangible	<u>-</u>
9. Name and Address of Cur	rrent Registered Agent	<u> </u>			10. Name and Address of New Registered	Agent	
SNELLING, FRANCES			\perp	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
19321 E. OAKMONT DR.),	"	Sireet Addre	ess (F.O. Box Number is Not Acceptable)		
MIAMI FL 33015	٠	8	33				
	•		- 1	City	Fi		Zip Code
 Pursuant to the provisions of Sections 607 office or registered agent, or both; in the St agent. I am familiar with, and accept the ob 	ate of Florida. Such change wa	is authorized t	by th	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoints	f chang intment	ing its registered as registered
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NC	OTE; Registered A	gent s	ignature required	when reinstating) DATE		_

CICMATURE	•							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	SNELLING, A.F.	1.2 NAME						
STREET ADDRESS	19321 E. OAKMONT DR	1.3 STREET ADORESS						
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP						
TITLE	ST DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	SNELLING, FRANCES	2.2 NAME						
STREET ADDRESS	19321 OAKMONT DR	2.3 STREET ADORESS						
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS		3.3 STREET ADORESS	· · ·*					
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME	•	5.2 NAME	<u> </u>					
STREET ADDRESS	-	5.3 STREET ADDRESS	make in the same of the same o					
CITY-ST-ZIP	سرية العالم المراجع الم	5.4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME	. •	6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP	•	6.4 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(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; some thin the property of the corporation of 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; some thin the receiver of the corporation of the receiver of the corporation of 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; some thin the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE: