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

May 04, 1999 8:00 am Secretary of State

05-04-1999 90119 039 ***150.00

DOCUMENT # **F76265** 1. Corporation Name

AZTEC ELECTRICAL CONTRACTOR	IS, INC.			
Principal Place of Business	Mailing Address		-	BIL OLDI: BIBLI DIBIS DIBIS DIBIS IBDS
4121 SW 47 AVENUE STE 1307	AVENUE 4121 SW 47 AVENUE STE 1307		DO NOT WRITE IN TI	HIS SPACE
DAVIE FL 33314	DAVIE PL 33314		3. Date Incorporated or Qualifed	
	•		04/14/1982	
2: Principal Place of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21	26		59-2189793	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29 30	¬ '	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Currer		<u>, </u>	10. Name and Address of New Register	ed Agent
HARRY, GENE P 4450 SW 102 AVENUE DAVIE FL 33328	81 Name HARRY, GENE P. 82 Street Address (P.O. Box Number is Not Acceptable) 83 3067 ROCK Springs Rd.			
		84 City AP	oPKA F	EL 85 Zip Code 327/7
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	itions or, Section 607.0505, Florid	the above-named corporation a Statutes.	oration submits this statement for the purpose in's board of directors. I hereby accept the an	pointment as registered
SIGNATURE Signature, typed or printed name of registered age	TETE HARRY	gistered Agent signature required	when reinstation) DATE	<u>6/99</u>
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1,1 TITLE		Change Addition
NAME HARRY, GENE P		1.2 NAME		;
STREET ADDRESS 4450 SW 102 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL		1.4 CITY+ST-ZIP	•	i
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS	•	2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	···	☐ Change ☐ Addition
NAME		3.2 NAME		•
STREET ADDRESS		3.3 STREET ADDRESS	·	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		

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

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ DELETE

☐ DELETE

☐ DELETE

Change

Change

Change

Addition

☐ Addition

Addition