	PLEASE READ	ALL INST	RUCTION	S BEFORE (COMPLET	ING THIS FORM	 Л.
•	PLICATION FOR . STATEMENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Invision of corporations			FILED		
DOCUMENT # F89723 1. Corpogation Name					99 JAN 11 AM 11:22		
ENGEL ELECTROMOTORS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address % C T CORPORATION SYSTEM % C T CORP 1200 S PINE ISLAND RD 1200 S PINE PLANTATION FL 33324 PLANTATION			PORATION SYSTEM ISLAND RD IFL 33324		1	TATEMEN	
If above addresses are incorrect in any way, line through Incorrect 2. New Principal Office Address, If Applicable 4533 RICKOVER COMIT Suite, Apt. #, etc. Suite, Apt. #			ng Office Address,		Date Incorporate	orated or Qualified less in Florida	07/07/1982
City & State New Port Richey, FL City & Zip 34652 Country USA Zip			Cour	ntry	6.	58-1581229	Not Applicable 8.75 Additional Fee required for a Certificate of Status
	and Street Addresses of Each Officer and/	or Director (Ele	rida nonrefit come	orations must list at las	<u> </u>		tor a Certificate of Status
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / 5	State / Zip	
\$	MANOWN, PETER	4739 OLDE VILLAGE LANE		DUNWOODY GA			
PD	ENGEL, FRED	IN DER REHBACH 22		D-65396 WALLUF GE			
V	PREUSSER, ORTWIN	IN DER REHBCH 22			D-65396 WALLUF GE		
			1			000027467512 -01/19/99-01142-005 ****750.00 ****750.00	
							1142006
8. Name and Address of Current Registered Agent Name					9. Name and A	ddress of New Registered	ı Ağent 130.00
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. I, being Signature o Registered	appointed the registered agent of the above	/! IDE	ration, am familiar	City with and accept the of	oligations of Section	State State FI	
	is corporation owes or ha angible Personal Propert	ıs paid th	e current y	ear SPECEPECIA Yes	ASSISTANTS No		ide for information angible tax.)
this rein:	that I am an officer or director or the receiv statement application, the reason for dissol the corporation have been paid and the n	ution has been	eliminated, the cor	porate name satisfies	the requirements	of section 607.0401 or 617.	0401, F.S., that all fees

SIGNATURE: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #