

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$450 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F89723					
1. Corporation Name ENGEL ELECTROMOTORS, INC.					
Principal Place of Business 4533 RICKOVER COURT NEW PORT RICHEY FL 34652			Mailing Address % CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		

FILED

99 SEP 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/16/99 90013 001 550.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1581229	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 FL	
				86 Zip Code	

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0600, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	
NAME	MANOWN, PETER	1.2 NAME	
STREET ADDRESS	4739 OLDE VILLAGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	ENGEL, FRED	2.2 NAME	
STREET ADDRESS	IN DER REHBACH 22	2.3 STREET ADDRESS	
CITY-ST-ZIP	D-65306 WALLUF GE	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	PREUSSER, ORTWIN	3.2 NAME	
STREET ADDRESS	IN DER REHBACH 22	3.3 STREET ADDRESS	
CITY-ST-ZIP	D-65306 WALLUF GE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(2)(X), 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.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/99

Date

678-686-6778

Daytime Phone

CR2E034 (5/98)