

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000541 (3)

1. Corporation Name

NORTHERN LIGHTS ELECTRIC, INC.



Principal Place of Business

28800 S.W. 132 AVE
240
HOMESTEAD FL 33033
US

Mailing Address

P.O. BOX 322044
HOMESTEAD FL 33032-1344

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEBORAH C. CARDINELL
28800 S.W. 132 AVE
240
HOMESTEAD FL 33033

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

01/18/1995

4. FEI Number

16-1360837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

SIGNATURE

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

(NOTE: Registered Agent signature required for all registrations)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME CARDINELL, DEBORAH C
STREET ADDRESS 28800 S.W. 132 AVE #240
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

S
NAME JACK A. CARDINELL
STREET ADDRESS 28800 S.W. 132 AVE #240
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

T
NAME DEBORAH C. CARDINELL
STREET ADDRESS 28800 S.W. 132 AVE #240
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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: Deborah C. Cardinell, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/96
Date

305/246-8777
Telephone #

CR2E034 (12/95)