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PROFIT CORPORATION: ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **G60978**

1. Corporation Name

CARHOL	L ELECTRONICS, INC.						
Principal Place	o of Business	Mailing Address	.			i Bybyl Billif Bybji di	DIS BEREI LEBE
710 N.E. 26 ST.		P.O. BOX 24605					
		FT. LAUDERDALE FL 33307					
US US				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		1
					09/23/1983		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Apr	olied For
21	•	26			59-2050810	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Octavidade of otalida Desired	Fee Red	quired
City & Stat	е	City & State	-		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	У	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.		Nº .
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81	1 Name	•		
NAGLE, DAVID C			82	82 Street Address (P.O. Box Number is Not Acceptable)			
680 NE 40TH COURT							
OAK	LAND PARK FL 33334		83	3			
			84	4 City		. 85 Zip C	ode.
			6	4 City	F		,000
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by	v the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its o cointment as reg	registered gistered
SIGNATURE					•		}
OIONATORE.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Age	ent signature require			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐: Magnaph:
NAME	NAGLE, DAVID C		1.2 NAME				
STREET ADDRESS	710 NE 26TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME							1
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,			ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		*	Change	☐ Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	<u> </u>			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	٠,		5.2 NAME	1		•	
STREET ADDRESS	·		5.3 STREE	ET ADDRESS		•	ļ
			5.4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	☐ Addition
IIILE	•		62 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS