PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G92469** Corporation Name

SOUTHERN ELECTRIC SERVICES, INC.

Principal Place	of Business	Mailing Address					idd bio st bluik bl	BII BIYII BI	EZE BIBNI EBBI
6783 NW 17 AVE BAY C FT LAUDERDALE FL 33309 US		P. O. BOX 9641 CORAL SPRINGS FL 33075 US		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 03/19/1984			
. Principal D	ace of Business	2a. Mailing Address			_	4. FEI Number		T Apr	lied For
—	ace of business	26	7 ·			59-2380624		\vdash	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					¬ \$	8.75 A	dditional
22	• •	27				5. Certifcate of Status Desired L	<u>. </u>	Fee Red	quired
)	City & State	City & State			==6. Election Campaign Financing	 ;	55.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country Zip Cou			ntry		8. This corporation owes the current year Intangible Personal Property Tax Yes No			
24	25 9. Name and Address of Current	29 30				Personal Property Tax. 10. Name and Address of New Regi			
	9. Name and Address of Current	Registered Agent		81	Name	10.			_
ESP	OSITO; PHILIP		}			(D.O. Day N bas is Net Assentable)			
	N.W. 52ND STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	,		
COR	AL SPRINGS FL 33067		ļ	83	_				
				84	City		8:	5 Zip C	ode
					City		FLI	'	
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									
office or r agent. I a	egistered agent, or both, in the State c m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	nida Statı	ites.	ie corporatio	on's board of directors. Thereby accept of	о арроппано	ATT 50 108	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE							DATE		
45	Signature, typed or printed name of registered agent OFFICERS ANI		E: Registered	Agent	signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12
12.	PT OFFICERS AND	DELETE	1.1 TIT	n F		ADDITIONOIGHANGES TO STATE		Change	☐ Addition
TITLE NAME	CHILDS, KENNETH R	_	1.2 NA						
STREET ADDRESS	8632 NW 52ND COURT		1		ADDRESS				1
	CORAL SPRINGS FL 33067			1.4 CITY-ST-ZIP					
CITY-ST-ZIP	VS	☐ DELETE	2.1 111		=			Change	☐ Addition
NAME	ESPOSITO, PHILIP		2.2 NA	WE.					
STREET ADDRESS	6651 N.W. 52ND STREET		2.3 ST	REETA	ADDRESS				}
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2. 4 CI	TY-ST	- ZIP				
TITLE	State	DELETE.	- 3.1 TIT	TLE			, .0	Change	☐ Addition
NAME	ى ئۇيۇ <u>للىكار</u> دىرە يارى دىد		3.2 NA	ME					
STREET ADDRESS	man of the second		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	was to see your first fi		3.4. CI	TY-ST	ZIP				
πιε	. ,	☐ DELETE	4.1 TIT	ΠE			نا	Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				}
CITY-ST-ZIP				TY-ST-	ZIP		 -	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					-	L' Addition (
NAME					ADDRESS	•			
STREET ADDRESS			1	TY-ST-					Ì
CITY-ST-ZIP				TLE	417			Change	Addition
TITLE	•	[] Drift[E	6.2 NA						_ "
NAME					ADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PAR ESPOSITO

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.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90089 032 ***150.00