## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999
DOCUMENT # J53641

IN PHASE ELECTRIC, INC.

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90067 016 \*\*\*150.00



									1010 11610 11011	B1811 81711 1881	
Principal Place of Business Mailing Address											
4841 NE 2ND TERR 4841 NE 2ND TERR											
FORT LAUDERD	ALE FL 33334	FORT LAU	FORT LAUDERDALE FL 33334								
						<u> </u>	DO NOT WRI		SPACE		
						1	Date Incorporated or Qualifed				
							01/22/1987				
2. Principal Pl.	ace of Business	2a. Mailin	g Address			1	FEI Number		<u> </u>	pplied For	
21		26					<u>65-0001658</u>	<u>:</u>		ot Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5.	Cértifcate of Status Desired		• -	Additional	
22		27								equired	
City & State	è	City 8	k State			6.	Election Campaign Financing	П		May Be	
23		28	·				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		_ Country	<i>!</i>	8.	This corporation owes the cur	rent year Int		_	
24	25	29	31	o			Personal Property Tax.		Yes	□No	
	g. Name and Address of Cur	rent Registered	Agent			10.	Name and Address of New	Registered	Agent		
				81	Name					}	
	Damone, Gery J.			82	Stroot Ac	ddroee (D	O Boy Number is Not Accent	able)			
4841	NE 2ND TERR		ļ			udiess (r.	ress (P.O. Box Number is Not Acceptable)				
FORT	T LAUDERDALE FL 33334			83	<u>†</u>		<del> </del>				
				84	City		•	FL	85 Zip	Code	
44 Dureupht	to the provisions of Sections 607.0	1502 and 607 150	8 Florida Statutes	the abov	e-named co	progration	submits this statement for the	purpose of	changing its	s registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Suc	h change was auth	norized by	the corpora	ation's bo	ard of directors. I hereby acce	pt the appoi	ntment as re	agistered	
agent. I ar	m familiar with, and adcept the obl	ligations of, Section	on 607.0505, Florid	a Statutes	3.	$\mathcal{D}$	a == 1	· - /.	60	•	
SIGNATURE	- Sent alan	e 66		ano.	~~ <u> </u>	<u>- 129</u>	251der H	<b>_2//0</b> ,	195_		
	Signature, speed or printed name of registered	AND DIRECTOR			nt signature requ		ADDITIONS/CHANGES TO OF	EICERS AN	ID DIRECT	ORS IN 12	
12.	D OFFICERS	AND DIRECTOR	☐ DELETE	13. 1.1 TITLE	<del></del>		DUTTONO TIANGLO TO OF	TIOLING AI	Change		
TITLE											
NAME	CARDAMONE, GERY J.			1.2 NAME							
STREET ADDRESS	4841 N.E. 2ND STREET			1.3 STREE	TADDRESS					ł	
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY - 5	ST-ZIP					C Addition	
TITLE			☐ DELETE	2.1 TITLE					Change	Addition	
NAME				2.2 NAME			•				
STREET ADDRESS				2.3 STREE	TADDRESS			-	-		
CITY-ST-ZIP				2.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	3.1 TITLE					☐ Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADORESS					}	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	•			4, 2 NAME							
STREET ADDRESS					T ADDRESS						
				4.4 CITY-S	•						
CITY-ST-ZIP TITLE	<u> </u>		DELETE	5.1 TITLE			<del></del>		Change	Addition	
				5.2 NAME			•		_ ,	-	
NAME					T ADDRESS		•			j	
STREET ADDRESS											
CITY-ST-ZIP				5.4 CITY- 8	ST-ZIP						
TITLE	-		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME				6.2 NAME						1	
STREET ADDRESS				6.3 STREE	TADDRESS					İ	

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 offanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/10/99 (954) 563-6950

**~**2E034 (11/98)