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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90129 023 ***150.00

DOCUMENT # K01237

D & H DEPENDABLE ELECTRIC, INC.

Mailing Address Principal Place of Business 4258 SW 21 ST 4258 SW 21 ST FT LAUDERDALE FL 33317 FT LAUDERALE FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/03/1987 4. FEI N imber Applied For 2a. Mailing Address 2. Principal Place of Business 3160 SN 22 Street No Applicable 213/60 SW 22 Stace7 65-0012385 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Ft. Laudendale, FlA Fee Required City & State 6. Electic n Campaign Financing \$5.00 May Be 333/2 Trust Fund Contribution Added to Fees 33312 23 Zip Zip This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CASTELLON, VINCENT JOSEPH 82 Street Address (P.O. Bo) Number is Not Acceptable) 5640 SW 5TH ST. PLANTATION FL 33317 83 Zip Cade 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or rporation 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 reg stered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT E Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TO LE TITLE CASTELLON, VINCENT JOSEP 12 NAME NAME 2160 SW 22 Street 4258 S.W. 21ST ST. 1 3 STREET ADDRESS STREET ADDRESS FL LANDendale, FL. FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 DD.E TITLE

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 supplies with the lind does not dealing to be exempted as a supplied with the lind and attachnient with an address, with all other like empowered.

52 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PFINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lavtime Phone #

Change

☐ Addition

CR2E034