

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90039 030 \*\*\*150.00

DOCUMENT # K06363

1. Corporation Name  
CAVALIERE ELECTRIC, INC.

Principal Place of Business  
C/O BENEDICT V. CAVALIERE  
7517 NW 42 COURT  
CORAL SPRINGS, FL 33065

Mailing Address  
C/O BENEDICT V. CAVALIERE  
7517 NW 42 COURT  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/10/1987

4. FEI Number  
65-0029737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 CAVALIERE ELECTRIC INC.  
Suite, Apt. #, etc. SUITE

22 5491 NW 15 ST. 16  
City & State

23 MARGATE FL.  
Zip Country

24 33063 25 BROW.  
26 5491 NW 15 ST. 16  
City & State

2a. Mailing Address

26 C/O BEN V. CAVALIERE  
Suite, Apt. #, etc. SUITE

27 5491 NW 15 ST. 16  
City & State

28 MARGATE FL.  
Zip Country

29 33063 30 BROW.  
31 5491 NW 15 ST. 16  
City & State

9. Name and Address of Current Registered Agent

CAVALIERE, BENEDICT V.  
3960 NW 110 AVE.  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CAVALIER, BENEDICT V.  
STREET ADDRESS 7517 NW 42 COURT  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D  
NAME CAVALIERE, DONNA  
STREET ADDRESS 7517 NW 42 COURT  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

SIGNATURE:

Benedict V. Cavalier Pres.

Date

Daytime Phone #

3/26/99 954-971-8381

0161802

CR2E034 (11/98)