Mar 01, 1999 8:00 am Secretary of State

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		DIVISION OF COF	RPORATION	ONS	!	0256 033 *****8.7	
DOCU	MENT # K88	3587				03-01-1999 9	0256 034 ***150.0	<i>J</i> O
i. Corporation	INE ELECTRIC OF I		INTY, INC.					
Principal Place	of Business	Mailing Ac	dress				il 4001 01014 olon olga septual	(B)(0)1() (00)
•		_	. VANDEVOORDE					
100 Industrial Circle E % rene G. Vandevoorde Suite A 1327 N. Central Ave.								
SEBASTIAN FL 32958 SEBASTIAN FL 32958-1607							E IN THIS SPACE	 ¬
US						3. Date Incorporated or Qualifed		,
0 D.C. C. I D		2a. Mailing	Addross		·	05/16/1989 4. FEI Number	Apr	olied For
	ace of Business	26 Walling	Address			65-0131796	<u> </u>	Applicable
Suite, Apt.	# etc		Apt. #, etc.				\$8.75 A	
22	r, 000.	27	T		-	5. Certificate of Status Desired	Fee Red	quired
City & State	e	City &	State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to) Fees
Zip	Country	Zîp		Country		8. This corporation owes the curre	ent year Intangible	.
24	25	29	30	<u>l</u>		Personal Property Tax.		No.
	9. Name and Address	of Current Registered A	gent	81	Name	10. Name and Address of New R	agistered Agent	
VAN	DEVOORDE, RENE G.			"				
1327 NORTH CENTRAL AVENUE						dress (P.O. Box Number is Not Accepta	ble)	Ì
SEBASTIAN FL 32958								 -
000	101011112 02000							10,000
				84	City		FL 85 Zip C	iode
office or reagent. I as						poration submits this statement for the tion's board of directors. I hereby accep	t the appointment as reg	jistered
	Signature, typed or printed name of r	egistered agent and title if applicabl		gistered Agen	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	PTD	ICERS AND DIRECTORS	DELETE	1.1 TITLE	$\overline{}$	ADDITIONOS IN INCIDENTE	☐ Change	Addition
NAME	RENTSCHLER, RICHA	RD W		1.2 NAME				
STREET ADDRESS	7595 85TH ST.	11D 11.			r ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-S	'			
TITLE	VSD		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	RENTSCHLER, JASON	l		2.2 NAME				
STREET ADDRESS	3960 LESLIE DRIVE			2.3 STREET	TADORESS			
CITY-ST-ZIP	SEBASTIAN FL			2.4 CITY-S	ST-ZIP	للملية المواصيقية والأراز والرازان		
TITLE			☐ DELETE	3.1 TITLE			[]] Change	☐ Addition
NAME				3.2 NAME		•		
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			C oc etc	3.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE			DELETE	4.1 TITLE	.]		☐ outride	
NAMÉ				4.2 NAME	T ADDRESS			
STREET ADDRESS				4.3 STREE				
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE	1-219		Change	Addition
				5.2 NAME				_
NAME STREET ADDRESS					TADDRESS			,
CITY-ST-ZIP				5.4 CITY-S				
TITLE		 	☐ DELETE	6.1 TITLE	$\overline{}$		Change	Addition
NAME			•	6.2 NAME				İ
STREET ADDRESS				6.3 STREE	TADDRESS			ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE: