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

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90049 033 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L48756

1. Corporation Name	•	•		
POWER CABLE RESTORATION, INC	•		D FRANKRIS AND ANDRE FRANK DESER BUSINESS	
		•		
	Mailing Address			DIBIL BIBIT BIBIT BIBIT BIBIT GARACTER.
Principal Place of Business	8450 S.W. 96 ST.		<u> </u>	
8450 S.W. 96 ST. KENDALL FL 33156 KENDALL FL 33156		•		ODACE
US	US	•	DO NOT WRITE IN THIS	SPACE
	•		3. Date Incorporated or Qualifed	
			02/09/1990 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address	•	65-0170576	Not Applicable
21	26		· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	5. Certifcate of Status Desired	Fee Required:
22	27		6. Election Campaign Financing	\$5.00 May Be
City & State	City & State		Trust Fund Contribution	Added to Fees
23	28	Country	8. This corporation owes the current year Ir	tangible
Zip Country		_ `	Personal Property Tax.	☐ Yes ☐ No
24 25 9. Name and Address of Curren	L		10. Name and Address of New Registered	Agent
9. Name and Address of Current	it registates rigeria	81 Name		
ADAIR PERRY		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
5201 BLUE LAGOON DRIVE		OZ Stidet Au	a man for a sign of the state of the state of the	grown and and and and and and and and and an
SUITE 100		83		
MIAMI FL 33126	•	84 City	and the second of the second 	85 Zip Code
	,	1 1 1	`	
14 Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named co	orporation submits this statement for the purpose cation's board of directors. I hereby accept the app	of changing its registered
office or registered agent, or both, in the State agent. Lam familiar with, and accept the obliga	of Florida, Such change was aut	nonzed by the corpora la Statutes.	proprection submits this statement for the purpose of attended to the appropriation's board of directors. I hereby accept the appropriation is a submit of the appropriation of the appropriation is a submit of the appropriation of the approp	
agent. I am familiar with, and accept the obliga	Autoris of, Section 607:5000, France	•		
SIGNATURE Signature, typed or printed name of registered age		Registered Agent signature requ	ulred when reinstating)	NE SUPERITORIS IN 42
12. OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE PD	☐ DELETE	1.1 TITLE	E William Commence	. Criatige Discountry
NAME ALESHIRE, RONALD E.		1.2 NAME		
STREET ADDRESS 8450 S.W. 96 STREET	*:	1.3 STREET ADDRESS		
CITY-ST-ZIP KENDALL FL 33156		1.4 CITY+ST-ZIP		Change Addition
TITLE VS	DELETE	2.1 TITLE	·	Citatige Li Addition
NAME MEYER, DANIEL		2.2 NAME	•	ì
STREET ADDRESS 2561 NW 112 AVENUE				
CITY-ST-ZIP CORAL SPRINGS FL		2.3 STREET ADDRESS		,
TITLE TO THE TOTAL OF THE TOTAL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change: Addition
NAME OVER SELECTION OF THE PROPERTY OF THE PRO	DELETE			☐ Change ☐ Addition
STREET ADDRESS CO.	DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
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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 charged, pr on an attachment with an address, with all other like empowered.

SIGNATURE