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**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



L62255

## **Katherine Harris**

## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90069 022 \*\*\*158.75

LYNN EL	ECTRIC, INC								
Principal Place	e of Business	Mailing Address				- I IMBIINII NIA DIYIN IINRI NIBBI NISRI RIII BIN	I BIBII BIBII BI	21   <b> </b>  1914    1911   188	ı
P O BOX 97028	36	P O BOX 970286							
MIAMI FL 33197		MIAMI FL 33197				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			$\neg$
	•					03/28/1990			- {
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26				65-0186641		Not Applicabl	е
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1.50	5. Certificate of Status Desired		5 Additional	
22	<u> </u>	27				S. Controlle of Charles		Required	_
City_& State	e	City & State				6. Election Campaign Financing \$5.00 May.Be			
23		Zip Country				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	30	шиу		This corporation owes the current year     Personal Property Tax.	intangible MayYes	□No	
24	9. Name and Address of Cur	29 Zent Registered Agent	[30]	П	****	10. Name and Address of New Registere			-
	5. Hame and Addition of Our	Total Regional August		81	Name				
MOF	RRIS, LYNN M.				O4	(D.C. Day Murchas in Not Assessfable)			
	W. 17TH ST.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33010				83					
				84	C:t-		. 85 Z	ip Code	
				1 1	,	oration submits this statement for the purpose			
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered	ligations of, Section 607.0505, Fig	onda Stat	utes.	,	on's board of directors. I hereby accept the application of directors and the second of directors. I hereby accept the application of directors and directors are second of directors.			_   .
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	$\exists \ \vdots$
TITLE	PD	☐ DELETE	1.1 T	TLE			Chan	ge 🗌 Additi	ion :
NAME	MORRIS, LYNN M.	12 N							
STREET ADDRESS	847 W. 17TH ST.	1.3 ST			ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33010		1.3 S		i				1 2
TITLE	STD			ITY-S1	T-ZIP				— !
NAME	טוט	☐ DELETE			T-ZIP		☐ Chan	ge 🗌 Additi	ion
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	MORRIS, LYNN M. 847 W. 17 ST.	DELETE	1.4 C 2.1 Ti 2.2 N	ITLE AME	T-ZIP		☐ Chan	ge 🔲 Additi	ion
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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 changed, or on an attachment with an address, with all other like empowered.

305-888-6711