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

DOCUMENT # L66327 1. Corporation Name

M. S. I. ELECTRIC, INC.

1 180 Committee of the commit . 4

Principal Place of Business

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

12001 NW 35 ST

M217

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Zip

Mailing Address

12001 NW 35 ST M217

2a, Mailing Address

City & State

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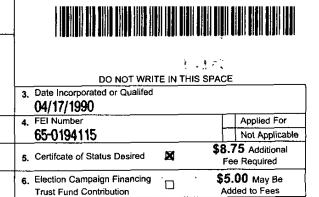
Zip

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90134 009 ***158.75



25 9. Name and Address of Current Registered Agent

Country

JOHN SOMMERER & COMPANY, P.A. 1881 UNIVERSITY DRIVE

SUITE 107 **CORAL SPRINGS FL 33071**

| | | Personal Property Tax. | Ye <u>s</u> | □No |
|----|--------------|----------------------------------|--------------------|-----|
| | | 10. Name and Address of New | v Registered Agent | |
| 81 | Name | | | |
| 82 | Street Addre | ss (P.O. Box Number is Not Accer | ptable) | |

8. This corporation owes the current year Intangible

83 84 3 3 3 6 5

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.

Country

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
|--|--|----------|--------------------|---|-------------|------------|--|--|--|--|
| Ciginate, 1900 of plane and plane an | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | |
| 12. | | DELETE | 13. | ADDITIONS/CHANGES TO OFF | Change | Addition | | | | |
| TITLE | · · | ☐ DELE1E | 1.1 TITLE | | □ cusuêo | | | | | |
| NAME. | IOVINO, MICHAEL | | 1.2 NAME | | | } | | | | |
| STREET ADDRESS | 12001 NW 35TH ST. M217 | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | DVP | ☐ DELETE | 2.1 TITLE | | Change | ☐ Addition | | | | |
| NAME | IOVINO, LINDA | | 2.2 NAME | | | } | | | | |
| STREET ADDRESS | 12001 NW 35TH ST. M217 | | 2.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2. 4 CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 3.1 TTTLE | | ☐ Change | Addition | | | | |
| NAME . | and the second s | | 3.2 NAME | - | 42. | | | | | |
| STREET ADDRESS | 4 - 4 - 1 | | 3.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | Addition | | | | |
| NAME | • | | 4. 2 NAME | | | İ | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | • | | | | | |
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| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | Addition | | | | |
| NAME | | | 5.2 NAME | | | İ | | | | |
| STREET ADDRESS | · | | 5.3 STREET ADDRESS | | | 1 | | | | |
| CITY-ST-ZIP | | _ | 5.4 CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition | | | | |
| NAME | • | | 6.2 NAME | | | } | | | | |
| STREET ADDRESS | · | | 6.3 STREET ADDRESS | | | j | | | | |
| CITY-ST-ZIP | att. that the liferentian applied with this filing door | | 6.4 CITY-ST-ZIP | | | | | | | |

indicated on this annual report or supplied with this hing does not qualify for the exemption stated in Section 118.07(3)(i), honda Statutes. Hornter deathy that the 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.