## 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 # M54720 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

BEAR ELECTRIC, INC.

| Principal Place                         | e of Business  | Mailing A          | Mailing Address   |         |              |   |  | AIOIL IBUIA FIBSI ABFI                                 | MINIT MINIT BINIT NINIT MI            | (B)) B B   (BB |
|---|--|--------------------|---|---------|--------------|---|--|--|---------------------------------------|----------------|
| C/O DAVID AU<br>6234 TEFNUT 1           | ERRACE   | 6234 TEFN          | C/O DAVID ALLEN<br>6234 TEFNUT TERRACE<br>LAKE WORTH FL 33463 |         |              |   | DO NOT WRITE IN THIS SPACE   |  |                                       |                |
| LAKE WORTH FL 33463 LAKE WORTH FL 33463 |  |                    |   |         |              |   | 3. Date Incorporated of  |  |                                       |                |
|   |  |                    |   |         |              |   | 06/29/1987   |  |                                       |                |
| 2. Principal P                          | lace of Business   | 2a. Mailin         | 2a. Mailing Address   |         |              |   | 4. FEI Number  |  | Apı                                   | olied For      |
| 21                                      |  | 26                 |   | _       |              |   | 59-2822933   |  |                                       | Applicable     |
| Suite, Apt.                             | #, etc.  | Suite,             | Suite, Apt. #, etc.   |         |              |   | 5. Certifcate of Status  | Desired  | <b>\$8.75</b> A<br>Fee Re             |                |
| City & Stat                             | е  | City &             | City & State  |         |              |   | 6. Election Campaign   | - 11   | \$5.00                                |                |
| 23                                      |  | 28                 |   |         |              |   | Trust Fund Contribu  |  | Added to                              | o Fees         |
| Zip                                     | Country  | Zip                |   | 30      | шпи у        |   | This corporation ow<br>Personal Property   |  |                                       | □No            |
| 24                                      | 9. Name and Address of Curre   |                    | Agent   | 30]     | Т            |   | 10. Name and Addres  |  |                                       |                |
|   | 3. Halle dia Address st selle  |                    |   |         | 81           | Name                                    |  |  | · · · · · · · · · · · · · · · · · · · |                |
|   | en, melanie  |                    |   |         |              | Street Addre                            | ess (P.O. Box Number is Not Acceptable)  |  |                                       |                |
|   | TEFNUT TERRACE   |                    |   |         |              | 011001710011                            | as an enter a many transfer at a series of the series and a series and |  |                                       |                |
| LAK                                     | E WORTH FL 33463   |                    |   |         | 83           |   |  |  |                                       |                |
|   |  |                    |   |         | 84           | City                                    | .,   | gr. Tymprocensus Car                                   | FL 85 Zip C                           | ode            |
| SIGNATURE                               | come provisions of Sections of | pations of Section | n 607.0505, Floi<br>le. (NOTE                                 | ida Sta | d Agen       |   | d when reinstating)  | 1.4.99   | ATE<br>RS AND DIRECTO                 | RS IN 12       |
| TITLE                                   | PTD  |                    | ☐ DELETE  | 1.1 T   | MLE          |   | P1 322255  |  | ☐ Change                              | Addition       |
| NAME                                    | ALLEN, DAVID   |                    |   |         | IAMÉ         |   |  |  |                                       | j              |
| STREET ADDRESS                          | 6234 TEFNUT TERRACE  |                    |   |         |              | ADDRESS                                 |  |  |                                       | Ì              |
| CITY-ST-ZIP                             | LAKE WORTH FL  |                    | DELETE  | 1,4 C   | 7TY-\$1      | Γ-ZIP                                   |  |  | [] Change                             | Addition       |
| TITLE                                   | SDVP<br>ALLEN, MELANIE   |                    |   |         | IAME         |   |  |  |                                       | _              |
| NAME<br>STREET ADDRESS                  | 6234 TEFNUT TERRACE  |                    |   |         |              | ADDRESS                                 |  | •  | •                                     | }              |
| CITY-ST-ZIP                             | LAKE WORTH FL  | , %,               |   |         | CITY-S       |   |  |  |                                       | _ :            |
| TITLÉ                                   | The section of the se |                    | ☐ DELETE  | 3.1 T   | TTLE         |   |  |  | ☐ Change                              | Addition       |
| NAME                                    | The Amelia Company   |                    |   | 3.2 N   | IAME         |   |  |  |                                       | [              |
| STREET ADDRESS                          |  |                    |   | 3.3 S   | TREET        | ADDRESS                                 | *  | 生熟基础   |                                       | 681681R9       |
| CITY-ST-ZIP                             |  |                    |   | _       | CITY-S       | IT-ZIP                                  | 15 12 12 12 12 12 12 12 12 12 12 12 12 12  | . 1 10 14 14 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | Change                                | Addition       |
| TITLE                                   |  |                    | ☐ DELETE  | •       | TILE         |   | a i aj a ii  | (Alternational Period                                  | ii sia - si <u>ali s</u> Change: s    | "ICI AUGISON   |
| NAME                                    | 51   |                    |   |         | NAME         | *************************************** |  |  |                                       |                |
| STREET ADDRESS                          | April 1  |                    |   |         | TY-S         | TADDRESS                                |  | ***  |                                       |                |
| CITY-ST-ZIP TITLE                       |  |                    | DELETE  | _       | TILE         | 1- ZIF                                  |  |  | ☐ Change                              | Addition       |
| NAME                                    |  |                    |   | 5.2     | IAME         |   | 1. C. A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  |  |                                       |                |
| STREET ADDRESS                          | *  |                    |   | 5.3 9   | TREET        | ADDRESS                                 |  |  |                                       | ļ              |
| CITY-ST-ZIP                             | 3 T S 2  |                    |   |         | CITY-S       | T-ZIP                                   |  |  |                                       |                |
| TITLE                                   | 26th 4 3 h   |                    |   |         |              |   |  |  |                                       |                |
| HILL                                    |  |                    | ☐ DELETE  |         | TTLE<br>IAME |   |  |  | Change                                | Addition       |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

561 433.3072

Jan 26, 1999 8:00 am Secretary of State

01-26-1999 90058 002 \*\*\*150.00