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 DOCUMENT # M82861

AMERIC/	an hi-tec	H ELECTRIC	C, INC.													
Principal Place	of Business		Ma	ailing Addres	s					1 180/06/1	18: 18:10 11801 18:10		#1#F1 #1#44		11 61811 1881	
7820 N 56TH ST 7820 N 56TH ST																
TAMPA FL 3361	17			MPA FL 3361	7						DO NOT W	RITE IN THE	S SPACE	:		
us			US	•					ŀ	3. Date Incorpo		-	J OI AOL			
										05/23/198		•				
2 0::-10	lana of Overlan			Mailing Ade	troce					4. FEI Number			Т	Anni	ied For	
⊢ ¬ '	2. Principal Place of Business			2a. Mailing Address				.	59-28944	01		<u> </u>		Applicable		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8.		ditional		
22	#, o.c.		27	د منظور المساول	.,	تلكنه سنمية	 .	ساخت ا	. :	5. Certificate of	Status Desired				uired aa aa	<u></u>
City & State	9			City & Stat	e				$\neg \uparrow$	6. Election Can	npaign Financin		\$5	.00 м	lav Be	
23			28	-						Trust Fund C		" 🛛		ded to		
Zip	Country						Country			8. This corpora	tion owes the cu	rrent year la	ntangible			
24	2	5	29		[:	30				Personal Pro			Yes	: C]No	
<u> </u>	9. Name a	nd Address of	Current Regis	tered Agen	t					10. Name and A	Address of New	Registered	Agent			
	. DU . O. I. D					8	31	Name								
	ARIK, CHARI					18	32	Street A	ddres	s (P.O. Box Num	ber is Not Acce	otable)				
	N 56TH ST					Į.,										
[IAM	PA FL 33617	1				18	33									
						1	34	City				F	85	Zip Co	ode	
44 0	A. the mandale	an of Costions 6	207 0502 and 6	07 1509 Ek	vrida Statuto	e the ahr	3/4-1	named c	ornor	ation submits this	statement for the	e nurnose o	f changir	na its re	eaistered	
office or r	anietered and	nt, or both, in the n, and accept the	a State of Florin	da Such cha	inne was all'	tnorizea i	วงเก	ne corpor	ration'	s board of directo	ors. I hereby acc	ept the app	ointment	as regi	stered	
SIGNATURE																
<u> </u>	Signature, typed or	r printed name of regis		if applicable.		Registered A		signature req	quired w	hen reinstating)	CHANGES TO C	DATE DEFICERS A	ND DIRE	CTOR	 PS IN 12	
12.			stered agent and title ERS AND DIRE	if applicable.	(NOTE: F	Registered A	gent s	signature req	quired w		CHANGES TO C		ND DIRE		S IN 12	
12.	D	OFFICE		if applicable.		Registered A	gent s	signature req	quired w		CHANGES TO C					
12. TITLE NAME	D Safarik,	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITL	gents		quired w		CHANGES TO C					
12. TITLE NAME STREET ADDRESS	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITLI 1.2 NAM 1.3 STRI	gent s E E EET A	DDRESS	quired w		HANGES TO C					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Safarik,	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	gent s E E EET A	DDRESS	quired w		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITL(1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL(gent s E E EET A '-ST-7	DDRESS	quired w		CHANGES TO C			ange		301000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM	gent s E E E E T S T S T E	ADDRESS .	quired w		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITL(1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL(2.2 NAM 2.3 STRI	gent s E EET A -ST-7 E EET A	ADDRESS ZIP	guired w		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE F	13. 1.1 TITL(1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL(2.2 NAM 2.3 STRI 2.4 CITY 2.4 CITY	EET A	ADDRESS ZIP	quired w		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE: F	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.1 TITL	E E EET A E E EET A E EET A	ADDRESS ZIP	quired w		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE F	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM	E EET A E EET A Y-ST-E	DDRESSZP	quired w		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE F	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI	Gent s E E E E E E E E E E E E E	ADDRESS	quired w		CHANGES TO C		☐ Cha	ange	Addition	30000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Safarik, 7820 n 56	OFFICE		if applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CIT	gent s E E E E E E E E E E E E E	ADDRESS	quired wi		CHANGES TO C		☐ Cha	ange	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	D Safarik, 7820 n 56	OFFICE		if applicable.	(NOTE F	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.1 TITLI	gent s E E E E E E E E E E E E E E E E E E E	ADDRESS	quired w		CHANGES TO C		☐ Cha	ange	Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Safarik, 7820 n 56	OFFICE		if applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM	Gent s E E E E E E E E E E E E E E E E E E	ADDRESS	quired wi		CHANGES TO C		☐ Cha	ange	Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Safarik, 7820 n 56	OFFICE		if applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITLI 4.2 NAM 4.3 STRI 4	GET A EET A EET A EET A EET A FET A EET A FET A EET A EET A EET A EET A EET A	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	quired w		CHANGES TO C		☐ Cha	ange	Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Safarik, 7820 n 56	OFFICE		If applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY	Gent s E E E E E E E E E E E E E E E E E E	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	quired wi		CHANGES TO C		☐ Cha	ange ange ange	Addition Addition	**************************************
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Safarik, 7820 n 56	OFFICE		If applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITLI 4.2 NAM 4.3 STRI 4	E E E E E E E E E E E E E E E E E E E	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	guired wi		CHANGES TO C		Cha	ange ange ange	Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Safarik, 7820 n 56	OFFICE		If applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI 4.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	Gent s E E E E E E E E E E E E E	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	guired wi		CHANGES TO C		Cha	ange ange ange	Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Safarik, 7820 n 56	OFFICE		If applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI 4.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	GENT A E EET A C E EET A E E EET A E E E E E E E E E E E E E E E E E E	ADDRESS	guired wi		CHANGES TO C		Cha	ange ange ange	Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Safarik, 7820 n 56	OFFICE		If applicable.	DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.2 NAM	GET A E E E E E E E E E E E E E E E E E E	ADDRESS	guired wi		CHANGES TO C		Cha	ange	Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Safarik, 7820 n 56	OFFICE		If applicable.	DELETE DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STRI 5.4 CITY 5.5 CI	GENT STATE EET A A FEET A FE	ADDRESS	quired wi		CHANGES TO C		Cha	ange	Addition Addition Addition Addition 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 tole 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 repaiver of 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 or any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CI	6	N	ΑT	11	D	
-31	u	N	Αı	u	ҡ	Ш

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90125 029 ***150.00