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

Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90031 017 ***150.00

DOCUMENT # **P9300006886**

1. Corporation Name

POWER LINE COMPONENTS, INC.

Principal Place of Business Mailing Address						11 BUILD BIICH JETS	A INITERIAL INT
5340 N FEDERAL HWY 5340 N FEDERAL HWY							
SUITE 203 SUITE 203							
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 330			064		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 01/28/1993		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	· Aı	pplied For
21 26				65-0382227	N(ot Applicable	
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
		27			Fe		equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23 Zin	Country	28			Trust Fund Contribution	- Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year l		_
24	25		30		Personal Property Tax.	Yes	□N₀
	9. Name and Address of Curre	nt Registered Agent	81 Na	ma	10. Name and Address of New Registere	d Agent	
HILDRETH, GEORGE 81 Nam				me			
3070		82 Str	eet Addres	s (P.O. Box Number is Not Acceptable)		-	
	AUDERDALE FL 33308						
_	- · · · · · · · · · · · · · · · · · · ·		83				
i			84 Cit	y	, –	85 Zip (Code
						ᆸᆝᅧ	
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 a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flori	da Statutes.		,		91010100
SIGNATURE						•	
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent signa	ture required w	******		
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A		
NAME	HILDRETH, GEORGE C	_ bellie	1.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS	3070 NE 49TH ST		1.2 NAME				
	FT LAUDERDALE FL		1.3 STREET ADDR	ESS			
CITY-ST-ZIP TITLE	STD	□ DELETE	1.4 CITY-ST-ZIP				
	HILDRETH, MILDRED	Operete	2.1 TITLE			Change	☐ Addition
NAME	3113 WINDCHESTER		2.2 NAME				Į
STREET ADDRESS	COCOA FL 32926		2.3 STREET ADDRI	ESS			
CITY-ST-ZIP	OCCORTE SESES	☐ DELETE	2. 4 CITY-ST-ZIP				
TITLE		□ DELETE	3.1 TITLE		•	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRE	ESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	İ		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRE	SS			
CITY-ST-ZIP		□ pereze	4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE	ĺ		Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET ADDRE	SS			[
CITY-ST-ZIP			5.4 CITY-ST-ZIP		, , ,		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				[
STREET ADDRESS			6.3 STREET ADDRE	SSI			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

GEORGED HILDRETH

2-2-99

(954)