**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90005 019 \*\*\*150.00

## DOCUMENT # P93000031279 1. Corporation Name

SOLAR KINETICS ENGINEERING, COMPANY

						<u> </u>	AND ING HAIR HE	
Principal Place of Business Mailing Address								
12424 RESEARCH PARKWAY 12424 RESEARCH PARKWAY								
STE 220		-	STE 220			DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32826		ORL US	ORLANDO FL 32826			3. Date Incorporated or Qualifed		
US US								
A District D	· ·	1 2-	Mailing Address			04/26/1993 4. FEI Number		oplied For
— '	ace of Business	<del></del>	Maining Address				<u> </u>	ot Applicable
21 Suite Ant # etc			Suite, Apt. #, etc.			59-3179070		Additional
Suite, Apt. #, etc.			<b></b>			5. Certifcate of Status Desired	•	equired
22			7 City & State			a 5t di C in Financia		<u> </u>
City & State		— —	¬ '			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	On water	28	7in	Countr	4			10 ( 663
Zip	Country Zip		· ·			8. This corporation owes the current year Intangible  Personal Property Tax. Yes No		
24	25 29 30  9. Name and Address of Current Registered Agent		0		Personal Property Tax. Light Yes Light No.  10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	rrent Kegist	erea Agent	81	Name	To, Name and Address of New Register	eu Agent	
PECI	K SCOTT K			*'	Name			
BECK, SCOTT K				82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
12424 RESEARCH PARKWAY STE 220			<u></u>	<u> </u>				
				83				
URL	ando FL 32826			84	City		85 Zip	Code
					1	-	-L	
office or re agent. I ar	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of	tate of Florida	i. Such change was auti	honzed by	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the ap	pointment as re	egistered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if	applicable. (NOTE: R	legistered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS	AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	P		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BECK, SCOTT K			1.2 NAME				ľ
STREET ADDRESS	3929 ORANGE LAKE DR			1.3 STREE	TADDRESS	\$4. · •		
CITY-ST-ZIP	ORLANDO FL 32817			1.4 CITY-S	ST-ZIP			
TITLE		•	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME				2.2 NAME				{
STREET ADDRESS				2.3 STREE	TADDRESS			
CITY-ST-ZIP			•	2. 4 CITY-				
TITLE	J		☐ DELETE	3.1 TITLE	01-21		Change	☐ Addition
				3.2 NAME				
NAME CTREET ADORESCE				•	T ADDRESS			\ \
STREET ADDRESS						-		
CITY-ST-ZIP			☐ DELETE	3.4. CITY- 4.1 TITLE	51-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition
TITLE			C) DELETE	4. 2 NAME				
NAME								. 1
STREET ADDRESS				4.3 STREE	TADDRESS			
CITY-ST-ZIP			[] perent	4.4 CITY-5	ST-ZIP	1. July 1000 C 4	Chanca	Addition
TITLE			☐ DELETE	5.1 TITLE			Change	- Addition
NAME				5.2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP		<u>.</u>		5.4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	6.1 TITLE		•	Change	☐ Addition
NAME				6.2 NAME				ļ
STREET ADDRESS				6.3 STREE	T ADDRESS			ļ.

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 suppliemental 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 eceiver or trusteerempowered 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.

**SIGNATURE:** 

REQUIRED

Daytime Phone #