FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90245 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057058

Principal Place of Business

SIGNATURE:

DELCO WIRE AND CABLE, (USA) INC.

499 DOUGLAS ROAD E OLDSMAR FL 34677 US		499 DOUGLAS ROAD E. OLDSMAR FL 34677 US	OLDSMAR FL 34677		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					08/13/1993
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3201570 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢ ' ' ' ·		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	عد . مرحم مراجع المراجع المراجع المراجع ا	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees .
Zip	Country	Zip 29 30	Country	,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Cui				10. Name and Address of New Registered Agent
 	5. Name and Addicas of Cul	Toric registered rigent	81	Name	
HRA	WG CORP.	-		<u> </u>	
	GLADES RD., SUITE 400		82		et Address (P.O. Box Number is Not Acceptable)
ROC	A RATON FL 33431		83		
			84	City	FL 85 Zip Code
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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.			13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		I.1 TITLE		☐ Change ☐ Addition
NAME !	MARIANI, JERRY A	1	.2 NAME		
STREET ADDRESS	16412 BIRKDALE DR.	, i	1,3 STREE	TADDRESS	ss
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY+S	T-ZIP	'
TITLE			2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS		1	2.3 STREE	TADDRESS	ss
CITY-ST-ZIP	**:		2, 4 CITY-	ST-ZIP	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		[:	3.3 STREE	T ADDRESS	ss
CITY-ST-ZIP			3.4. CITY-		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	ss
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME		<i>'</i>	5.2 NAME		
STREET ADDRESS		i	5.3 STREE	TADDRESS	ss
CITY-ST-ZIP		l l	5.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		l	6.3 STREE	TADDRESS	ss
OLUTE WOOLEGO					1

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 deciver 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.