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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000074750

CARL LAWSON ELECTRIC, INC.

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	Principal Place of Business	. ~	 Ma
i	1500-NW 118TH AVE.		150

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90007 036 ***150.00

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Principal Plac	ce of Business	Mailing Address			1 (50)1551 ((5)8)		.,, .00() 019() 18 6 0	Petr SPH 1581
1500-NW 118T		1500 NW 118TH AVE.				•	•	•
PLANTATION F	FL	PLANTATION FL			n n	O NOT WRITE IN TH	IS SPACE	
	•				3. Date Incorporated			
	,				10/22/1993			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0446690			t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				- Danisad -	\$8.75	
22		27			5. Certifcate of Statu	is Desired 🔲	Fee Re	quired
City & Sta	te	City & State		-	6. Election Campaig	n Financing	\$5.00	May Be
23		28			Trust Fund Contri	bution	Added t	
Zip	Country	Zip	Cour	ntry	8. This corporation of	wes the current year		
24	25	29	30		Personal Property			□No
	9. Name and Address of Cu				10. Name and Addre	ess of New Registere	d Agent	
1 414	ICON CADI	A. Q. C. P. C. C. C.		81 Name		•		
LAVI Constant	VSON, CARL 0 NW 118TH AVE.		}	82 Street Add	dress (P.O. Box Number is	Not Acceptable)		
976 (150)	U NW 1181H AVE.				1000 - 10 12/21	:00 4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tis ignic prettiebat	\$1.12 \$1.11 \%S.
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11. Pursuant office or agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	oligations of, Section 607.0505	i, Florida Statu	ites.				giotoroa
SIGNATURE	am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	oligations of, Section 607.0505 d agent and title if applicable. S AND DIRECTORS	(NOTE: Registered	Agent signature requir	red when reinstating)	DATE GES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12.	am familiar with, and accept the ob- Signature, typed or printed name of registerec OFFICERS	d agent and title if applicable.	(NOTE: Registered 13. E 1.1 TIT	Agent signature requir	red when reinstating)	DATE		RS IN 12
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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.

SIGNATURE:

Date