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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012272

1. Corporation Name

THOMSEN INSTALLATIONS INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90172 015 ***150.00

Principal Place	e of Business	Mailing Address			(154,155)		,			
505 SE 9 STREET		505 SE 9 STREET								
FORT LAUDERD	DALE FL	FORT LAUDERDALE FL				DO NOT WRITE	E IN THIS S	PACE		
•					3. Date Incorpora			7,02		l
	•				- 02/07/1994					
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	T A	oplied For	
	IACE OF DESITIESS	26			65-0469828	3		N.	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	***					\$8.75	Additional	
22		27			5. Certifcate of S	atus Desired		Fee R	equired	}
City & State		City & State			6. Election Camp	aign Financing	<u></u>	\$5.00	May Be	
23		28			Trust Fund Co	ntribution		Added	to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation	n owes the curre			_	
24	25	1721	30		Personal Prop			X Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Ad	dress of New Ro	gistered A	gent		
=10	MATH TODD		ļ	81 Name						
THOMSEN, TODD			82 Street Ac		ddress (P.O. Box Numbe	er is Not Acceptat	ole)			
	SE 9 STREET		ļ		·					
FUR	t lauderoale fl		1	83	•	•				
			}	84 City				85 Zip	Code	1
	,	,					<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the at	bove-named co	orporation submits this s	tatement for the p	ourpose of c	hanging its ment as re	registered aistered	
office or n	egistered agent, or both, in the State of the mailiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statu	ites.	ation 3 poard of directors		are approx		3	
_	•									
SIGNATURE										ļ
SIGNATURE	Signature, typed or printed name of registered ager			Agent signature req	quired when reinstating)		DATE	DIDECT	200 IN 40	6
12.	OFFICERS AN	D DIRECTORS	13.			ANGES TO OFF				14(00)
	OFFICERS AN		13. 1.1 TII	rie		ANGES TO OFF		DIRECT	DRS IN 12	(44,00)
12.	OFFICERS AN THOMSEN, TODD R	D DIRECTORS	13. 1.1 TIT 1.2 NA	TLE WAE		IANGES TO OFF				007 744 (00)
12.	D THOMSEN, TODD R 505 SE 9 STREET	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	TLE WME REET ADORESS		ANGES TO OFF				25024 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN THOMSEN, TODD R	D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII	TLE WAE REET ADORESS TY-ST-ZIP		ANGES TO OFF		☐ Change	Addition	CD2E024 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D THOMSEN, TODD R 505 SE 9 STREET	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT	TLE WHE TREET ADDRESS TY-ST-ZIP TLE		IANGES TO OFF				/DDCD04 /44/00/
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D THOMSEN, TODD R 505 SE 9 STREET	D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST	TLE TREET ADORESS TY-ST-ZIP TLE TREET ADORESS		ANGES TO OFF		☐ Change	Addition	CD2E024 (44/00)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D THOMSEN, TODD R 505 SE 9 STREET	D DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CIT 3.1 TIT 3.2 NA	TLE WME REET ADORESS TY-ST-ZIP TREET ADORESS ITY-ST-ZIP TLE AME AME		ANGES TO OFF		☐ Change	Addition	CD2CD24 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D THOMSEN, TODD R 505 SE 9 STREET	D DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST	TLE WME REET ADORESS TY-ST-ZIP TREET ADORESS ITY-ST-ZIP TLE WME TREET ADORESS TREET ADORESS		IANGES TO OFF		☐ Change	Addition	ODDE034 (44)00)
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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 ap attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR