

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


FILED

Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90014 027 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000035958</b>					
1. Corporation Name <b>MEISNER ELECTRIC SUPPLY, INC.</b>					
Principal Place of Business <b>220 N.E. 1ST ST. DELRAY BEACH FL 33444</b>			Mailing Address <b>220 N.E. 1ST ST. DELRAY BEACH FL 33444</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1994</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0471534</b>			
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>JANET ONNEN 220 NE 1ST STREET SUITE 400 DELRAY BEACH FL 33444</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code <b>FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>ONNEN, TIM D</b>					
1.3 STREET ADDRESS <b>220 N.E. 1ST ST.</b>					
1.4 CITY-ST-ZIP <b>DELRAY BEACH FL 33444</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>ONNEN, JANET</b>					
2.3 STREET ADDRESS <b>220 N.E. 1ST ST.</b>					
2.4 CITY-ST-ZIP <b>DELRAY BEACH FL 33444</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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: Janet I. Onnen SIGNATURE REQUIRED

1-20-99 561-278-8362  
Date Daytime Phone #

CR2E034(11/98)