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

Mailing Address

3455 WESTVIEW DR.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

NAPLES FL 34104

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

 Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000070996**

Country

9. Name and Address of Current Registered Agent

25

HORVATH, DEBORAH

3455 WESTVIEW DR.

NAPLES FL 34104

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3455 WESTVIEW DR.

NAPLES FL 34104

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23

24

Zip

HORVATH ELECTRIC MOTORS, INC.

84 City 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME HORVATH, JOSEPH NAME 1.3 STREET ADDRESS 3455 WESTVIEW DR. STREET ADDRESS 1.4 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME HORVATH, DEBORAH NAME 2.3 STREET ADDRESS 3455 WESTVIEW DR. STREET ADDRESS 2.4 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 5.1 TITLE ☐ DELETE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

81 Name

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FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90023 037 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/26/1994 Applied For 4. FEI Number Not Applicable 65-0520074 \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible **X**IN₀ Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 85 CR2E034 (11/98)

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 of trustee emgowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in ress, with all other like empowered.

SIGNATURE: