PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400090081

1. Corporation Name

A & B E	ECTRIC ENTERPRISES, INC	ia								
Principal Place of Business Mailing Address							-	.0) 40) ; 40; 100; 1	18 (8))) 00111 00101	18181 1181 1881
704 NE 22 DR 704 NE 22 DR FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305							DOL	NOT WRITE IN TH	IIS SPACE	
	•						3. Date Incorporated or		10 di AOL	
}							12/12/1994			
2. Principal Pl	ace of Business	2a. Mailing Address					4, FEI Number		<u>`</u>	plied For
21	والتمرة مجمعها الرسانين الخا	26	26				65-0602972			t Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status D	Desired 🗀	\$8.75 A	
22		27					••••		Fee Re	·
City & State	e	City & St	City & State				6. Election Campaign F		\$5.00	
23		28				.	Trust Fund Contribut		Added t	o Fees
Zip	Country	Zip	r	Country	'		8. This corporation owe		Intangible Yes	□No
24	25	29	30	<u> </u>			Personal Property Ta 10. Name and Address			
9. Name and Address of Current Registered Agent					Nan	ne	IV. Haine and Address	Of New Registers	u Agoitt	
BEAUCHENE, VERNON				81						
704 NE 22 DR				82	Stre	et Addre	ess (P.O. Box Number is No	ot Acceptable)		
FT LAUDERDALE FL 33305										
, ,,,	TODE TO TOO			83	Į					
				84	City	'	<u> </u>	F	85 Zip (Code
dd Dimensort	to the provisions of Sections 607.0502	and 607 1508 F	lorida Statutes	the above	e-nam	ed corno	eration submits this stateme	ent for the purpose	of changing its	registered
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such di	hange was auth	norized by	the co	orporatio	n's board of directors. I her	aby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Re	egistered Agel	nt signati	ure required	when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	D	ב] DELETE	1.1 TITLE					Change	☐ Addition
NAME	BEAUCHENE, VERNON			1.2 NAME						
STREET ADDRESS	ET ADDRESS 704 NE 22 DR			1.3 STREET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33305			1.4 CITY-S	T-ZIP					- Lanca
TITLE			DELETE	2.1 TITLE					Change	☐ Addition
NAME				2.2 NAME		ĺ				
STREET ADDRESS	المع المحملي السيم للبطاء فتنا		• -	2.3 STREE	TADDRE	iss		7.5 +		~ ~
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP				Change	☐ Addition
TITLE		Ļ	DELETE	3.1 TITLE					☐ Change	☐ ¥¢omon
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	TADDRE	ESS				
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP				☐ Change	☐ Addition
TITLE	-	DELETE		4.1 TITLE		- 1			Change	L_J Abdison
NAME				4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS				•			
				4.4 CITY-S	T-ZIP	\perp			Change	☐ Addition
TITLE		L	_) DELETE	5.1 TITLE					□ change	[_] Addition
NAME				5.2 NAME						

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SOLLIDE

☐ DELETE

4-19-59

Daytime Phone #

Change

Addition

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 021 ***150.00