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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000035791 (9)

JOI POI BROTH THOMAS					
WEIR AUTO	FLECTRIC	OF	DELRAY.	INC.	

1 MARINE DE POR DEU DEU DEU DIE BEHE BEGENE DEU DEU DEU DE BEHEELDE DE Mailing Address Principal Place of Business 440 S.E. 5TH AVE. 440 S.E. 5TH AVE. DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 3a. Date of Last Report 3. Date Incorporated or Qualified 05/08/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032. 23 Country Country ☐ Yes ☐ No Zφ Florida Statutes 29 30 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent LINNEL THE LAW FIRM OF LAWRENCE J'SPIEGEL CHRID 82 Street Addr 343 ADMERIA AVENUE 83 CORAL GABLES FL 23134 84 KIron 607.1508, Figure Statutes, the above named corporation submits this statement for the purpose of changing its registered office to change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land Pursuant to the provisi or registered agent, familiar with, app SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 norlibbA 🔲 12. DELETE 1.100 £ . TITL€ LINELL, LLOYD NAME 1.3 STREET ADORESS 440 S.E. 5TH AVE. STREET ADDRESS 14 CdY - ST - Z:P **DELRAY BEACH FL 33483** Addition [] Change CITY - ST - ZIE DELETE 2.1111; 8 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - \$1 - ZIP Change Addition CITY - ST - ZIP 3 11.7LE [] DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST ZIP Addition Change CITY - ST - ZIP DELETE 4.1 11116 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Add-tion CITY - ST - ZIP DELETE 5 1 THEF TITLE 5.2 NAME NAME 5 3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 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 certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 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 under the certific true and accurate and that my signature shall have the same legal effect as if under the certific true and accurate and that my signature shall have the same legal effect as if under the certific true and accurate and that my signature shall have the same legal effect as if under the certific true and accurate and that my signature shall have the same legal effect as if under the certific true and accurate and that my signature shall have the same legal effect as if under the certific true and accurate and that my signature shall have the same legal effe

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SIGNATURE:

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

OR DIRECTOR

DELETE

Change

☐ Addition

CR2E034 (12/95