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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061593

1. Corporation Name

KENWOOD ELECTRICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1007 NORTH FEDERAL HIGHWAY. SUITE 247 FORT LAUDERDALE FL 33304	1007 NORTH FEDERAL HIGHWAY. SUITE 2 FORT LAUDERDALE FL 33304

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90150 022 ***150.00



Principal Place	of Business	Mailing Address								
1007 NORTH FEDERAL HIGHWAY. SUITE 247 FORT LAUDERDALE FL 33304		1007 NORTH FEDERAL HIGHWAY. SUITE 247			•					
		FORT LAUDERDALE FL 33304				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			·	
						08/09/1995				
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		T	Applied Fo	r
21		26				65-0602247			Not Applica	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additiona	al
22		27				5. Certificate of Status Desired		Fee	Required	
City & Stat	9,	City & State	٠ 🚙			6Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		0 May Be	1
23		28				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inta		П	
24	25	<u> </u>	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		04	N1	10. Name and Address of New F	egistered A	gent		
TUC	LAW FIDM OF LAWDENCE 1 SOIL	EGEL CHRTD		81	Name					
THE LAW FIRM OF LAWRENCE J SPIE 343 ALMERIA AVENUE		SEL OFINID		82 Street Add		ess (P.O. Box Number is Not Accepta	ble)	_		
	AL GABLES FL 33134									
COR	AL GABLES FL 33 134			83						i
	. <i>'</i>			84	City		FL	85 Z	ip Code	
44 🕦	to the provisions of Sections 607.0502	and 607 1509 Elorida Statut	ae tha al	hove	and homen	oration submits this statement for the		hanging	its register	ed
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was a	utnonzed	i by ti	he corporation	on's board of directors. I hereby accept	ot the appoin	tment as	registered	
SIGNATURE										.
-	Signature, typed or printed name of registered agent			Agent	signature required	d when reinstating)	DATE EICERS AND) DIDEC	TORS IN 4	2
12.	PSD OFFICERS AND	DELETE	13.	п.F		ADDITIONS/CHANGES TO OF	FICERS AND	Chan		
TITLE	DUNCAN RICHARD SALMON		1.1 III							
NAME	_				ADDDECC					
STREET ADDRESS	171 NW 75TH TERRACE				ADDRESS					,
CITY-ST-ZIP	PLANTATION FL 33317	☐ DELETE	1.4 Cl 2.1 T∏	TY-\$T-	-ZIP			Chang	ge 🗌 Ad	dition
TITLE	VID	□ pereie								
NAME	HAWKINS, RICHARD		2.2 NA		*DODESC					i
STREET ADDRESS	2413 NE 13TH STREET				ADDRESS					
CITY-ST-ZJP	FORT LAUDERDALE FL 33304	☐ DELETE	2, 4 CI	TY-ST	-ZIP			Chang	ge ∏Ad	ditian
TITLE .		- LUCIE	3.1 JIII		-	4mm - 42 - 1 - 1	()			
NAME					ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	-	□ DELETE	3.4. CI 4.1 TIT	TY-ST	-LIP		_	☐ Chan	ge ∐ Ad	dition
TITLE		LJ DECETE						- Strain	- L_1,10	
NAME			4.2N		4000000					
STREET ADDRESS	,		1		ADDRESS					
CITY+ST-ZIP		□ noi etc	_	TY-ST-	ZIP		_	☐ Chan	ge ∏Ad	Idition
TITLE		☐ DELETE	5.1 TIT			•			a^ □v∩	GIUOII
NAME			5.2 NA		ADDRESS					1
STREET ADDRESS					ADDRESS					ļ
CITY-ST-ZIP				TY-ST-	-ZIP		_	<u>П</u> сь.	- F-1 4.4	lditia-
TITLE		☐ DELETE	6.1 TI					Chan	ge 🗀 Ad	union
NAME			6.2 NA							/
STREET ADDRESS	i		6.3 ST	REET/	ADDRESS					

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.

6.4 CITY-ST-ZIP