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

PROFIT CORPORATION ANNUAL REPORT

1999

LYNCH ELECTRIC INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019329

Principal Place of Business	Mailing Address
6318 MULLIN STREET	6318 MULLIN STREET
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90245 019 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/29/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0648875 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Zip Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Marquerite McDermott MCDERMOTT, MARGUERITE Street Address (P.O. Box Number is Not Acceptable) 82 4770 POSEIDON PLACE new LAKE WORTH FL 33463 address 83 Zip Code 3343 6 City Soyn tex 84 Beach FL 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE LYNCH, ROBERT E 1.2 NAME NAME 6318 MULLIN ST 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE. 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-\$T-ZIP 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 Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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 trystee 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

SIGNATURE:

99 5617473437

CR2E034 (11/98)