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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

	1999	DIVISION OF CO	RECRATIONS	05-17-1999 90064 008 ***150.00
DOCU	MENT # 79600007	8419 .		
1. Corporation	on Name		<b>~</b> .	
GATOR	ELECTRIC SERVICE OF	Sount PURI	DA, INC.	
_				555291 - 90064 - 8
Principal Plac	e of Business Ma	iling Address		
6149	CALLE DEL ROSA UI	49 CALE 1	DEL RUSA	L
	WEST PAIN BEREI & WEST PARM BEKER PC			DO NOT WRITE IN THIS SPACE
West	• •	3341.		3. Date Incorporated or Qualifed
,	33415	3341	4	09/20/96
2. Principal F	Place of Business 2a.	Mailing Address		4. FEI Number / Applied For
21 744	BARNETT DRIVE 26	P.O. Box	77-1210	65-0387857 Not Applicable
Suite, Apt.	#, etc.	Suite, Ant. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22	14 27	07.00		Fee Required
City & Stat		CORTE SPAN	USS FZ	6. Election Campaign Financing \$5.00 May Be
Zip Zip	Country _	Zip	Country	Trust Fund Contribution Added to Fees
24 334			BROWAR	8. This corporation owes the current year Intangiple Personal Property Tax.   ☐ Yes ☐ No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent				
λ.,	1		81 Name	LICE RILEY
AMEL	LAWYER CHARTERED		82 Street A	HCE RICEY Address (P.O. Box Number is Not Acceptable)
343	ALMERIA AVRUUE		13	170 GART STREET MORFIT
	_		83	
CORN	i GABLES R	33134	84 City	MPMn BBACH FL 85 Zip Gode 12
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 appearance of agent, or bour, in the state of Plonda. Such change was authorized by the collaboration's board of directors. Phereby accept the appointment as registered agent. I appearance agent. I appearance agent agent. I appearance agent agent agent agent agent agent agent agent.				
SIGNATURE				<u>(&amp;)</u>
12.	Signature, typed or printed name of registered agent and title if OFFICERS AND DIRECT		egistered Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	015	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RILIZY, ALICIZ		1.2 NAME	. 1
STREET ADDRESS			1.3 STREET ADDRESS	13170 69TH STREET HORDY
CITY-ST-ZIP	WAST PMM BEACH PR		1.4 CITY-ST-ZIP	ROYM PILM BRIGH K 33412 GChange Addition
TITLE	VSD	☐ DELETE	2.1 TITLE	Change ☐ Addition
NAME .	RILIZY, BRUCK		2.2 NAME	1212 190- START MODRE
STREET ADDRESS	•     •   •	<i></i>	2.3 STREET ADDRESS	13170 69AT STASET MORAL
CITY-ST-ZIP TITLE	WIZST PARM BRACH	7_ 33415 □ DELETE	2.4 CITY-ST-ZIP	ROYAL PALM BENEW PL 33412
		□ pereie	3.1 TITLE	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.5 STREET ADDRESS	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE .	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS		,	5.3 STREET ADDRESS	
CITY-ST-ZIP		Deve exte	5.4 CITY-ST-ZIP 6.1 TITLE	
TITLE		DELETE	6.2 NAME	☐ Change ☐ Addition
NAME STREET ADDRESS		1	6.3 STREET ADDRESS	
STREET ADDRESS			6.3 STREET ADDRESS	
14. I hereby c	ertify that the information supplied with this filing	ng does not qualify for the		in Section 119.07(3)(i). Florida Statutes 1 further certify that the information
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 of the pecivier 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.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE(X)