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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # : **P97000022590**1. Corporation Name

MYERS ELECTRICAL SERVICE INC.

Principal Place	e of Business	Maifing Address							
7311 NW 46 CT 7311 NW 46 CT					ĺ				
LAUDERHILL FL 33319 LAUDERHILL FL 33319				DO NOT WRITE IN			TE IN THIS SP/	ACE	
US US					3. Date	Incorporated or Qualifed			
					1	06/1997			
2. Principal P	lace of Business	2a, Mailing Address			4. FEI N	<u> </u>		Ap	olied For
21		26			65-0	736780		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				cate of Status Desired	TBL \$	8.75 A	
22		27			J. Certif	Cate of Olatos Desired	<i>T</i>	Fee Re	quired
City & Stat	e	City & State			I	ion Campaign Financing		\$5.00	•
23		28				Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	′	1	corporation owes the curr			⊉ 4No
24	25	29 36	<u> </u>			onal Property Tax. e and Address of New F		<u> </u>	LANO
	9. Name and Address of Current	Registered Agent	81	Name	IV. Naiii	e and Address of New I	tegistered Ago		
Myers, Peter									
7311 NW 46 CT			82	Street	Address (P.O. Be	ox Number is Not Accepta	able)		
LAUDERHILL FL 33319			83						
							·		
			84	' '			FL	5 Zip C	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the abov	e-named	corporation subn	nits this statement for the	purpose of char	nging its	registered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	ine corp.	oration's board of	directors. Thereby decep	x are appointme	,,,, do .og	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	•								
3	Signature, typed or printed name of registered agent			nt signature i	required when reinstatin		DATE	UDECTO.	DC IN 12
12.	OFFICERS AND	D DIRECTORS	13.		ADDII	IONS/CHANGES TO OF		Change	Addition
TITLE	*		1.2 NAME				<i>e</i>		
NAME	MYERS, PETER			T + DD D500	7311	N.W +6	ct.		
STREET ADDRESS	1728 NE 49 CT POMPANO BEACH FL 33064			T ADDRESS	1311	EII EI	2321	প	
CITY-ST-ZIP TITLE	V	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	- was	colle, the	<u>7∠ 7/</u> ⊠	Change	Addition
NAME	MYERS, SONIA		2.2 NAME				_	, ,	_
STREET ADDRESS	1728 NE 49 CT		ľ	T ADDRESS	7311	N.W-46	CT.	-	
ì	POMPANO BEACH FL 33064		2.4 CITY-		Lande	4-11 F1.	333	19	
CITY-ST-ZIP	7 DINI AND DENOTTE GOOD	☐ DELETE	3.1 TITLE	V1 - 4.IF	D	7111/		Change	Addition
NAME	the ob Head or		3.2 NAME		Hush	Hinds			/-
STREET ADDRESS	1722	57.	3.3 STREE	TADDRESS	10300	S.W. 19 ST			
CITY-ST-ZIP	10320 J. W.	77 A IL	3.4. CITY-5		W:- D 0	- FL. 33	3625		
TITLE	the area	DELETE	4.1 TITLE	J. C.	VI 17- 403 (2)	, ,) Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS:			1	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE] Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADORESS					
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	·, · · · · · · · · · · · · · · · · ·				Change	☐ Addition
MALIE			6.2 NAME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)