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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90081 015 ***150.00

DOCUMENT #	P97000025695

Corporation Name

WILLOO	ELECTRIC II, INC.									
Principal Place	e of Business	M	lailing Address					II BURK BURK U	######################################	10101 0111 1801
12530 WILES ROAD CORAL SPRINGS FL 33076 US 12530 WILES ROAD CORAL SPRINGS FL 33076 US						DO NOT V	RITE IN TI	IIS SPACE		
00	•		,				3. Date Incorporated or Quali	fed		
							03/17/1997			
2. Principal P	lace of Business	2a.	. Mailing Address				4. FEI Number		App	plied For
21 26							65-0735055		Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					-		5. Certifcate of Status Desired	ı 🗆	\$8.75 ∧	
22	*	27					5. Certificate of Status Desired	, Ц 	Fee Re	quired
City & Stat	City & State City & State						6. Election Campaign Financi	ng 🗀	\$5.00	· ·
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	_	Zip !	Cour	ntry		8. This corporation owes the	current year		□No
24	25	29		30			Personal Property Tax.	Dec! 4		□No
	9. Name and Address of Curr	ent Regis	stered Agent	+	81 1		10. Name and Address of Ne	w Register	ea Agent	
AAICE	BACH, MICHAEL		•		" ["	Name				
	94 WILES ROAD				82 8		ess (P.O. Box Number is Not Acc	eptable)		
	IAL SPRINGS FL 33067				83	<i>5191</i>	N.W. 76+ Pl.			
CON	IAE OF NINGO I E 33007)	83					-
				- 1			onut Creek		L 85 Zip C	ode 8073
l 'office or r	to the provisions of Sections 607.0 registered agent, or both, in the Star am familiar with, and accept the oblig	te of Flori	ida. Such change was al	uthorized	by the	e corporatio	n's board of directors. I hereby a	cept the ap	pointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title				gnature required	when reinstating)	DATE		
SIĞNATURE	OFFICERS A		if applicable. (NOTE:	Registered /	Agent sk	gnature required	when reinstating) ADDITIONS/CHANGES TO			
	OFFICERS A		if applicable. (NOTE:	Registered	Agent sk	gnature required			AND DIRECTO	RS IN 12
12.	P MIEBACH, MICHAEL		if applicable. (NOTE:	Registered /	Agent sk	gnature required				
12.	P MIEBACH, MICHAEL 5191 N W 76TH PLACE	AND DIRE	if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI	Agent sk					
12. TITLE NAME	P MIEBACH, MICHAEL	AND DIRE	if applicable. (NOTE:	13. 1.1 TITI 12 NAI 1.3 STF	Agent sk LE ME REET AD Y-ST-Z	DDRESS			☐ Change	☐ Addition
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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 actual 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 report 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 for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

MIKE MICEGACH

CR2E034 (11/98)