## 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

## **FILED** Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90005 038 \*\*\*150.00

## DOCUMENT # P97000033464

1. Corporation Name

POWER POINT ELECTRIC CORPORATION

Principal Place of Business Mailing Address							-	3115 8 8 1 H 8 8 1 W 8		## ## ### ############################	
450 NE 37TH ST 450 NE 37TH ST							· ·	,			
BOCA RATON FL 33431 BOCA RATON FL 33431											
					_			DO NOT WR		SPACE	
								3. Date Incorporated or Qualifed			
		<b>.</b>						04/11/1997		- , ,	A
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		$\vdash$	Applied For
21 26								65-0755844		<u> </u>	Not Applicable  5 Additional
Suite, Apt. #, etc.							5. Certifcate of Status Desired			Required	
22 27							5				
City & State City & State			+ '	, <del>-</del>			6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
23	Country	28	Zip		untry						<u>ea to 1 663</u>
Zip	Country	_	ΔIÞ		raina y			This corporation owes the cur     Personal Property Tax.	rent year into	Yes	□No
24	25	29	ared Agent	30	$\neg$			10, Name and Address of New	Registered /		
9. Name and Address of Current Registered Agent						Nam	e	10. Halife and Place out to a Negative a Negative			
MAR	CONIS, PATRICK J				81						
450 NE 37TH ST					82	Stree	et Addre	ess (P.O. Box Number is Not Accep	table)		
	A RATON FL 33431				83	_ <del>-</del>					
								<u> </u>			
					84	City			FL	85 2	Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	of Florida	ı. Such change was a	iuthorize	ed by	the co	ed corpo rporation	oration submits this statement for the n's board of directors. I hereby according	e purpose of ept the appoir	changing ntment a	its registered s registered
SIGNATURE	•		·								
JOHATORE	Signature, typed or printed name of registered agent	and title if a	applicable. (NOTE	: Register	d Agen	t signatu	e required	when reinstating)	DATE		
12.	OFFICERS AND	DIREC		13			-	ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	DP		☐ DELETE	1	TITLE					☐ Chan	ge Li Addition
NAME	MARCONIS, PATRICK J				NAME				•		
STREET ADDRESS	450 NE 37TH ST			1.3	STREET	ADDRES	is				
CITY-ST-ZIP	BOCA RATON FL 33431				CITY-S1	-ZIP					
TITLE	<b>DST</b> DELETE			2.1	2.1 TITLE					Chan	nge
NAME	MARCONIS, KATHLEEN C			2.2	NAME						
STREET AODRESS	450 NE 37TH ST			2.3	STREET	ADDRES	ss				
CITY-ST-ZIP	BOCA RATON FL 33431		<u></u>	2.4	CITY-S	T-ZIP	_				
TITLE	V		☐ DELETE	3.1	TITLE					☐ Chan	nge
NAME	CARON, STEPHEN L			3.2	NAME	-	ے د		-		
STREET ADDRESS	2900 NE 10TH TERR			3.3	STREET	ADDRES	ss				
CITY-ST-ZIP	POMPANO BEACH FL 33064			3.4.	CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1	TITLE		1			Char	nge
NAME				4. 2	NAME		1				ļ
STREET ADDRESS				4.3	STREET	ADDRE	SS				<b>\$</b>
CITY-ST-ZIP				4,4	CITY-S	T-ZIP					
TITLE			☐ DELETE		TITLE			•		Char	nge 🗌 Addition
NAME .		-	ř	5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRE	ss				ļ
CITY-ST-ZIP				5.4	CITY-S1	T-21P					
TITLE			☐ DELETE	6.1	TITLE					Char	nge 📑 Addition
NAME				6.2	NAME						.
				<b>1</b>			1				

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 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 changes of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #