## 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

1999 DIVISION OF CO.

DOCUMENT # P9700037236

1. Corporation Name

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90237 038 \*\*\*150.00

Ele	ctrical connection	II, AL					
						I NADARAT INAK TAKAT INAK TATAT DAILAT INAK TADA	
Principal Plac	ce of Business	Mailing Address	<u> </u>		7 2	* 3 93 7 6 3 * 393763 90237 - 38 *	
4801	5. University Drik	2 48013	5. <i>Ul</i>	1100	15/4 W.		
4801 S. University Drive 4801 S. Ste 200 E Davie, FL 33328  Mailing Address 4801 S.  Ste 200 E Davie, FL 33328  Mailing Address 4801 S.  Havie,				<u> </u>			
Davie, FL 33328 Davie,				233	5320		_
_	•	•				3. Date Incorporated or Qualified	
						4/25/199/	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	_
21 26						Not Applicable	4
Suite, Apt.	. #, etc.	<u>⊢</u>	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22		27				Fee Required	4
City & Star	te	City & State				6. Election Campaign Financing \$5.00 May Be	
23 -		28		<del></del> -	<del></del>	Trust Fund Contribution Added to Fees	┦-
Zip	Country	<b>⊢</b> ¬ '	⊶Соңи Г	ntry		8. This corporation owes the current year intangible	- -
24	25	29 Samintared Agent	30			Personal Property Tax.	4
	9. Name and Address of Current	· ·		81 1	Name	10. Name and Address of New Registered Agent	$\dashv$
60	Her Joseph 5	011			INGITIE		
Geller, Joseph S Geller, Geller + Garfinkel 2411 Hollywood Blud- Hollywood, M 33020				82 3	Street Addre	ss (P.O. Box Number is Not Acceptable)	٦
<i>Ge</i>	The Managed	RIJI -		<u> </u>			4
24	Holld Moss	0/24 -D72		83		•	
<i>H</i> 0	My wood, A 33	3020	}	84 (	City	85 Zip Code	7
					,	FL   S   S   S   S   S   S   S   S   S	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	oove-n	named corpor	ration submits this statement for the purpose of changing its registered by board of directors. I hereby accept the appointment as registered	]
	am familiar with, and accept the obligation				e corporation	is board of directors. Thereby accept the appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered agent a		_	Agent sig	gnature required v		-
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ ,
TITLE	CHEBARINO, ANTHONY			1.1 TITLE		☐ Change ☐ Addition	1.
NAME	GHEBARINO, MARINE		1.2 NA	1.2 NAME			
STREET ADDRESS	SHEAR HOLLY WOOD BILLS. Holly wood, FL 3300		1.3 STF	1.3 STREET ADDRESS			
CITY-ST-ZIP	40/14 WORD, PC 33000		1.4 CIT	1.4 CITY-ST-ZIP			4
TITLE			2.1 TITI	2.1 TITLE		☐ Change ☐ Addition	'   י
NAME	CARBARINO, HICLARY		2.2 NA	2.2 NAME			
STREET ADDRESS	2111 HOY UWOOD BILLY.		2.3 STF	2.3 STREET ADDRESS			
CITY-ST-ZIP	1401/4 wood, PL 33000		2. 4 CIT	2.4 CITY-ST-ZIP			}
TITLE	DELETE		_	3.1 TITLE		Change Addition	ī
NAME	beller, JOHD	1 11 1	3.2 NA	ME			)
STREET ADDRESS	2411 110/1400	H-BILL	3.3 STF	REET AD	DRESS	<del></del>	- -
CITY-ST-ZIP	1/0/16 wood, FL	33020		TY-ST-Z			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.DELETE.	4.1 TITL			☐ Change ☐ Addition	ī
NAME			4. 2 NA				- [
STREET ADDRESS			1	REET AD	DORESS		
CITY-ST-ZIP				Y-ST-ZII			
TITLE		☐ DELETE	5.1 TITL	-	"	Change Addition	,
NAME			5.2 NAM				
			ľ	REET ADI	IDRESS	•	
STREET ADDRESS				Y-ST-ZI			
CITY-ST-ZIP		☐ DELETE	6.1 TITL		ir.	☐ Change ☐ Addition	H
TITLE		□ nereie	6.2 NAA				
NAME					20520		
STREET ADDRESS				REETAD	Į		-
CITY-ST-ZIP				Y-ST-ZII			ز
						ction 119.07(3)(i). Florida Statutes, I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ANThony GARBARINA Presiden

4/13/99