PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000055840**1. Corporation Name

Suite, Apt. #, etc.

City & State

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DIESEL ELECTRONIC SPECIALTIES, INC.

Principal Place of Business	Mailing Address			
631 OAKBORO DRIVE	7631 OAKBORO DRIVE			
AKE WORTH FL 33467	LAKE WORTH FL 33467			

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Suite, Apt. #, etc.

City & State

Zip Zip Country 25 29

9. Name and Address of Current Registered Agent

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90063 019 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

06/25/1997 4. FEI Number

59-3463256

HESTON, FRANK JOSEPH 9900 WEST SAMPLE ROAD SUITE 400 CORAL SPRINGS FL 33065			1							
			82	Stree	et Address (P.O. Box Number is Not Acceptable)					
			83							
			84	City		85 Z	Zip Code			
				1	FL	.	_			
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	nt signatur	ore required when reinstating) DATE			_				
12.	OFFICERS AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS	IN 12		
TITLE	D	DELETE	1.1 TITLE			Chan	ige [	Addition		
NAME	BARKER, JEFFREY L		1.2 NAME							
STREET ADDRESS	7631 OAKBORO DRIVE		1.3 STREE	T ADDRES	ss			j		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	2.1 TITLE			☐ Chan	.ge [	Addition		
NAME			2.2 NAME							
STREET ADDRESS				T ADDRES	ss					
CITY-ST-ZIP			2. 4 CITY- 9	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE			Chan	ige [	Addition		
NAME		321								
STREET ADDRESS	3.33			TADDRES	ss			)		
CITY-ST-ZIP		3.4. CI		ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE			☐ Chan	nge [	Addition		
NAME			4. 2 NAME							
STREET ADDRESS	4.3		4.3 STREE	TADDRES	SS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE	☐ DELETE 5.1		5.1 TITLE			Chan	ige [	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRES	ss					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	nge [	Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRES	ss)					
CITY-ST-ZIP			6.4 CITY-S							
14. I hereby	certify that the information supplied with this filing does	not qualify for the	e exempt	ion sta	ated in Section 119.07(3)(i), Florida Statutes. I further ce	tify that t	he infor	mation		

Country

81 Name

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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:

561-379-4446 Daytima Phone #