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 02, 1999 8:00 am Secretary of State

04-02-1999 90091 001 ***150.00

DOCUMENT # P97000067264

1. Corporation Name

CONDO ELECTRIC INDUSTRIAL SUPPLY OF ORLANDO, INC

Principal Plac	e of Business	Mailing Address						
4108 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804 US		P.O. BOX 3340 HIALEAH FL 33013 US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/04/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	l
21		26			59-3461588	N	ot Applicable	ĺ
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional	l
22		27	_		5. Certificate of Status Desired	Fee R	equired	
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be	l
23		28			Trust Fund Contribution	Added	to Fees	1
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Inta	_=		ļ
24	25	29 3	0		Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		l
ECO	INOLA JOSE C		- 1	31 Name			i	ĺ
	INOLA, JOSE G 6 E 10TH CT		į.	Street Add	ress (P.O. Box Number is Not Acceptable)			1
			L					i
HIAL	LEAH FL 33013			33			ł	1
				34 City		85 Zip	Code	ļ
		•		1	<u>F</u> L			1
→ office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auti	norizea i	by the corporation	poration submits this statement for the purpose of coor's board of directors. I hereby accept the appoint	hanging its tment as n	s registered egistered	
SIGNATURE							_	l
Signature, typed or printed name of registered agent		and title if applicable. (NOTE: Registered Agent signature require		gent signature require				<u> </u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS ANI			5
TITLE	PD	☐ DELETE 1.1 TI		1		Change	Addition	Ξ
NAME	20. 3,72 3, 70 00 0		1.2 NAM	E]				<u> 2</u>
STREET ADDRESS			1.3 STR	EET ADDRESS			-	CR2E034 (11/98)
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY	-ST-ZIP				įχ
TITLE	VPT □ DELETE 2.11		2.1 TITU	E [,	Change	☐ Addition	, 0
NAME	SNOWDEN, JAMES J		2.2 NAM	E				l
STREET ADDRESS	ET ADDRESS 2601 ARDSLEY DR		2.3 STREET ADDRESS				ĺ	ĺ
_CITY: \$T-ZIP	ORLANDO FL 31804 2.4			Y-ST-ZIP)====
TITLE	VPD	DELETE	3.1 TITL	£		Change	Addition	1
NAME	GOMEZ, HECTOR A		3.2 NAW	E				l
STREET ADDRESS 10435 N.W. 132ND STREET			3.3 STREET ADD				ļ	l
CITY-ST-ZIP			3.4. CIT	(-ST-ZIP			- <u>-</u> -	ı
TITLE		☐ DELETE	4.1 TI∏L	E		Change	☐ Addition	l
NAME	[4. 2 NA	ME				i
STREET ADDRESS			4.3 STR	EET ADDRESS	•			ı
CITY-ST-ZIP	<u> </u>		4.4 CITY	-ST-ZIP				i
TITLE	1	DELETE	5.1 TITL	L L		Change	☐ Addition	
NAME			5.2 NAV	E				. '

6.4 CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

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