FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90041 027 ***150.00

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**

DOCUMENT # DOZOO0404064

· Corporation	OCIATES AND R & W ELEC						
Principal Place of Business Mailing Address					i sadilati na casi catu atu atu atu atu atu	11 \$4141 CIPES 1111E 1	41(1) 6161 (36)
1273 N. CHURCH ST. MOORESTOWN NJ 08057 1273 N. CHURCH ST. MOORESTOWN NJ 08057					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
					11/26/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0797632		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A Fee Re	
22				6 Flasting Compoins Financins	\$5.00	·	
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year		
24	25	29 3	30		Personal Property Tax.		□No
······	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Register	ed Agent	
DED	OCTTI DICHADO		81	Name			
Perrotti, richard 205 n. Collier Blvd., suite 231			82	82 Street Address (P.O. Box Number is Not Acceptable)		}	
	CO ISLAND FL 33969		83				
			84	City		. 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					F	·L	
agent. I a	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Florid	da Statute:	s. int signature require	on's board of directors. I hereby accept the ap		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PERROTTI, RICHARD		1.2 NAME				<u> </u>
STREET ADDRESS			1.3 STREET ADDRESS				1
CITY-ST-ZIP	MARCO ISLAND FL 33969		1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE NAME			2.2 NAME	- 1			_
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	••••		2. 4 CITY-			-	
TITLE		☐ DELETE	3.1 TITLE		-	Change	Addition
NAME	3.2		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP			☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE	. 1		[] Change	
NAME			4. 2 NAME				-
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	☐ DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	l l		☐ Change	☐ Addition }
NAME	in the Millian State A		6.2 NAME	f			
STORET ADDRESS	PW 1 16 17 1		6.3 STREE	T ADDRESS			Į.

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-9-49

Daytime Phone #