**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90022 040 \*\*\*150.00

<b>DOCUMEN</b>	T#	P980	กกกว	6970

. Corporation Name						
"CIVICS ELECTRIC, INC."					11 <b>6</b> H <b>ā</b> ja pusa 1844	4981) 884: 484-
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Principal Place of Business	Mailing Address					
361 SW 16 TERR .	7361 SW 16 TERR					
HAMI FL 33155	MAMI FL 33155			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				03/17/1998		
Principal Place of Business	'2a. Malling Address'	<del></del>	<del></del>	- 4. FEI Number	· -   Ap	plied For
}	28			65-0822474	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
		·		5. Certificate of Status Desired	Fee Re	quired
City & State	City & State	<del></del>		-6Election Campaign Financing	\$5.00	
<u> </u>	28			Trust Fund Contribution	Added t	o Fees
Zip Country	Zip	Count	ry	8. This corporation owes the current year i		D No
25	29	30		Personal Property Tax.	Yes	E NO
9. Name and Address of	of Current Registered Agent		1 Name	10. Name and Address of New Registers	a Agent	
BATISTA, JOSE L	•	١	140,1163			
7361 SW 16 TERR		8	2 Street Add	ass (P.O. Box Number Is Not Acceptable)		
MIAMI FL 33155		a	<del></del>			
		٦	1			
		8	4 City	6	85 Zip C	code
Pursuant to the provisions of Sections office or registered egent, or both, in tagent. I am familiar with, and accept to	607.0502 and 807.1508, Florida St the State of Florida. Such change we the obligations of, Section 607.0505,	1	1	poration submits this statement for the purpose on's board of directors. I hereby accept the app	LII	
GNATURE Signature, typed or printed name of re	gistaned agent and trie if applicable. (N	atutes, the abo as authorized b Florida Statute	ve-named corp y the corporations.	od when reinstating) DATE	of changing its ointment as re	registered pistered
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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 eath; 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.

62 NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE