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 # P98000033641

1. Corporation Name

NORTHERN LIGHTS ELECTRIC, INC.

Principal	Place	of	Business
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Mailing Address

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90051 007 ***150.00

<u> </u>	

28600 SW 132 AVE #240 P.O. BOX 322044 HOMESTEAD FL 33033 HOMESTEAD FL 33032-1344		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 04/13/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 28600) SW 132 Ave. B67	26		65-0860725	. 1	Not Applicable
Suite, Apt. i	#,etc. stead, FL 33033	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24 3303	9. Name and Address of Current	<u> </u>	<u> </u>	10. Name and Address of New Registere	d Agent	
CARDINELL, DEBORAH C 28600 SW 132 AVE., #240 HOMESTEAD FL 33033 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required with a policable (NOTE: Registered Agent signature required with a policable).						
-65	to the provisions of Sections 607.0502 egistered agent, or both, in the State of In familiar with, and accept the obligation	Florida Such change was aliff	sorized by the comor	orporal ration's Low	hanging tment as	its registered registered
SIGNATURE		Debora	ah C. Card	din lot 6-6"	/99	
12.	OFFICERS AND		13.	: _		TORS IN 12
TITLE	President	☐ DELETÉ	1,1 TITLE	1	☐ Chang	ge 🗌 Addition
NAME	Deborah C. Cardin		12 NAME		1	j
STREET ADDRESS	28600 SW 132 Ave		13 STREET ADDRESS]
CITY-ST-ZIP		3033	1.4 CITY-ST-ZIP		Chara	a Maddison
TITLE	Secretary	☐ DELETE	2.1 TITLE		Chang	ge
NAME)	Jack A. Cardinel		2.2 NAME)	Ì
STREET ADDRESS	28600 SW 132 Ave		2.3 STREET ADDRESS		_	1
CITY-ST-ZIP		3033 □ DELETE	2.4 CITY-ST-ZIP	The second secon	☐ Chang	e Addition
TITLE	Treasurer	-	3.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	Deborah C. Cardin		3.2 NAME			Ì
STREET ADDRESS	28600 SW 132 Ave		3.3 STREET ADDRESS			
CITY-ST-ZIP	Homestead, FL 3.	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Chang	ge
NAME		<u>_</u> 5522.2	4, 2 NAME			_]
			4.3 STREET ADDRESS			ļ
STREET ADDRESS			4.4 CITY-ST-ZIP	·		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Chang	ge 🔲 Addition
NAME			5.2 NAME			}
STREET ADDRESS			53 STREET ADDRESS			Ì
CITY-ST-ZIP			5.4 CiTY-ST-ZiP		,	
TITLE		DELETE	6.1 TITLE	,	Chang	ge Addition
NAME		- ·	6 2 NAME		•	
STREET ADDRESS			6.3 STREET ADDRESS			}
SINCE ADDRESS				•		

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: Deborah Conduction Deborah SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah C. Cardinell, Pres.01/27/99

305/246-8777