

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000054084

PRO-ARK ELECTRIC, INC.

Principal	Place	of	Business	

811 NW FIRST ST FORT LAUDERDALE FL 33311 Mailing Address

811 NW FIRST ST

FORT LAUDERDALE FL 33311

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90061 035 ***150.00



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualifed 06/17/1998	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26 26				65-0844101	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	City & State			1	55.00 May Be Added to Fees
Zip Country	Zip	Country		8. This corporation owes the current year Intangib Personal Property Tax.	
24 25	29 30	<u> </u>		10. Name and Address of New Registered Ager	
9. Name and Address of Current	Registered Agent	81	Name	TO. Marie and Address of New Registeres Age.	<u>. </u>
OATES, DANIEL E		82		dress (P.O. Box Number is Not Acceptable)	<u> </u>
1500 E ATLANTIC BLVD, STE B POMPANO BEACH FL 33060			Sireet Aud	areas (F.O. DOX Number to Not 7 to options)	
PUMPANU BEAUTI FL 33000		83			
		84	City	FL ⁸⁵	Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	of Florida. Such change was autho	orizea ov	tne corporati	poration submits this statement for the purpose of char tion's board of directors. I hereby accept the appointme	ging its registered nt as registered
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Age	nt signature requir	red when reinstating) DATE	
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND FOREST VIEGIL SI NUM FIRST SH FORT Landershie,	mpson, President	1.1 TITLE 1.2 NAME	T ADDRESS		Change Addition
STREET ADDRESS FORT Landerchie, CITY-ST-ZIP	FL 33311	1.4 CITY-S			
TITLE	☐ DELETE	2.1 TITLE			Change
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREE	T ADDRESS		
CITY-ST-ZIP		2. 4 CiTY-	ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Ц	Change
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	TADDRESS		
CITY-ST-ZIP	☐ DELETE	3.4. CITY-	ST-ZIP		Change Addition
TITLE	□ pere≀e	4.1 TITLE 4.2 NAME			
NAME			T ADDRESS		
STREET ADDRESS		4.4 CITY-S			
CITY-ST-ZIP	☐ DELETE	5.1 TITLE	11-ZIF		Change
NAME		5.2 NAME		_	
STREET ADDRESS		5.3 STREE	T ADDRESS		
CiTY-ST-ZIP		5.4 CITY-S	IT-ZIP		
TITLE	☐ DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME	İ		
STREET ADDRESS		6.3 STREE	TADDRESS		
CITY-ST-ZIP		6.4 CITY-5		Continue 440 07/20/2) Florido Statutos I further cortifu t	

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.