PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF COPPORATIONS

DOCUMENT # P98000054084

Country

9. Name and Address of Current Registered Agent

PRO-ARK ELECTRIC, INC.

Principal Place of Business ang akan arawa 1959

> OATES, DANIEL E

1500 E ATLANTIC BLVD, STE B

POMPANO BEACH FL 33060

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Suite, Apt. #, etc. ويتجوز والمراجع والمراجع والمتراث والمتراث والمجاري

City & State

Mailing Address Principal Place of Business 811 NW FIRST ST 811 NW FIRST ST FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL"33311 "

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Aug 09, 2000 8:00 am Secretary of State

08-09-2000 90076 037 ***550.00

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|----|---|--|----------------------------|
| 3. | Date Incorporated or Qualifed 06/17/1998 | arafyrtsi Phys Hynnig ynh | |
| | FEI Number 65-0844101 | · 与操作处理。 | Applied For Not Applicable |
| 5. | Certificate of Status Desired | | 75 Additional |
| 6. | Election Campaign Financing Trust Fund Contribution | □ \$5 Ad | .00 May Be |
| 8. | This corporation owes the curre | ent year intangible | □No |

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered.

Country

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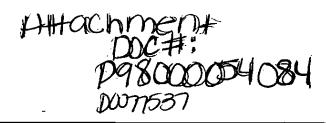
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| office or registered agent, or both, in the State of Florida. Such change wa agent. I am familiar with, and accept the obligations of, Section 607.0505, | Florida Statutes. | "我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
|--|--|--|
| CONTRACT OF THE PROPERTY OF TH | OTE: Registered Agent signature required | when reinstating) DATE: |
| Signature, typed or printed name or registered system and the in applications | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**** |
| 12.324 exceeding a company of an OFFICERS AND DIRECTORS | 1.1 TITLE | Addition Change : □ Addition |
| FOLEST VIRGIL SIMPSOM, PRESIDE | 12 NAME | |
| NAME 811 NW FIRST STATET | 1.3 STREET ADDRESS | |
| TITLE FOREST VIRGIL SIMPSON, PRESIDE NAME STREET ADDRESS FORT Landerschie, FL 33311 CITY-ST-ZIP | 1.4 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · |
| CITY-ST-ZIP DELETE | 2.1 TITLE | Change ☐ Addition |
| TIME SAME LAND MATTER MATTER STATE OF THE SAME S | 2.2 NAME | |
| NAME | 2.3 STREET ADDRESS | |
| STREET ADDRESS | 2.4 CITY-ST-ZIP | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| CITY-ST-ZIP DELETE | 3.1 TITLE | |
| NAME OF CASH SPACE AND ASSOCIATION OF THE CONTROL O | 3.2 NAME | |
| STREET ADDRESS | 3.3 STREET ADDRESS | |
| | 3.4, CITY-ST-ZIP | Second Change Second Addition |
| CITY-ST-ZIP DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | 4, 2 NAME | |
| STREET ADDRESS | 4.3 STREET ADDRESS | 10 (2004) |
| CITY-ST-ZIP 184 | 4.4 CITY-ST-ZIP | Change : ☐ Addition |
| TILE DELETE | | |
| NAME: 10 CAST ACTION OF THE PARTY OF THE PAR | 5.2 NAME | |
| STREET ADDRESS | 5.3 STREET ADDRESS | |
| CITY-ST-7/P | 5.4 CITY-ST-ZIP | Change See Addition |
| TITLE DELETE | | |
| NAME | 8.2 NAME | |
| STREET ADDRESS | 6.3 STREET ADDRESS | |
| - 77777777777 17 (おお飲料をおし) ニュー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | 6.4 CITY-ST-ZIP | man to the second of the secon |

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 mede-under oath; that I am an 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 mede-under oath; that I am an 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 mede-under oath; that I am an 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 mede-under oath; that I am an 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 mede-under oath; that I am an 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 mede-under oath; that I am an 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 under oath; that I am an indicated on this annual report of the corporation or the receiver of the corporation of t

SIGNATURE:





August 2, 2000

Department of State Division of Corporation 409 Gaines Street Tallahassee, Fl 32399

Re: Certificate of Status

To Whom It May Concern:

Enclosed you will find our 2000 Profit Corporation Annual Report. I do apologize for the delay in this. You will also find our check, in the amount of \$550.00, this to include all late fees.

We are trying to obtain a Certificate of Status for the State of Florida, for the purpose of applying for our State license. This certificate needs to be a part of our application package. Please contact my office should there be any questions or problems with this request.

Thanking you in advance for your cooperation in this matter.

Respectively,

Lynne McHugh Administrator