**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90169 041 \*\*\*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 # P98000057807

1. Corporation Name

FLORIDA INDUSTRIAL BATTERY SERVICES, INC.

Principal Place of Business Mailing Address			·····			
2739 W. 79TH STREET		2739 W. 79TH STREET				
BAY 18		BAY 18	BAY 18			
HIALEAH FL 33016		HIALEAH FL 33016			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 06/29/1998	
Principal Place of Business     2a. M		2a. Mailing Address	. Mailing Address		4. FEI Number QUA 105 Applied For	
21		26			63 0897183   Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		Zip Country			- Trust Fund Contribution - Added to Fees	
Zip			1		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25 25 Name and Address of Curre	29 30 nt Registered Agent	<del>1 T</del>	<del></del>	10. Name and Address of New Registered Agent	
Name and Address of Current Registered Agent				Name	1A1	
MACONE, DANIEL A ESQ.						
	N.W. LEJEUNE ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 423			83			
MIAMI FL 33126						
			84	City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the above	-named cor	rooration submits this statement for the purpose of changing its registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autho	orized by	the corporal	tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Reg	gistered Agen	t signature requi	ired when reinstating) DATE	
12.	OFFICERS A	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Additi	
NAME	ABBOTT, YVETTE B		1.2 NAME			
STREET ADDRESS	2739 W. 79TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		·	
TITLE	SV	☐ DELETE	2.1 TITLE		☐ Change ☐ Additi	
NAME	ABBOTT, RONALD W		2.2 NAME			
STREET ADDRESS	2739 W. 79TH STREET		2.3 STREET	ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Additi	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	TADDRESS	and the second s	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additi	
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additi	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	Commerc 64T		6.1 TITLE		☐ Change ☐ Additi	
NAME			6.2 NAME			

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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305 556-5592