FILE NOW: FILING FEE AFTER MAY-1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S62026

Principal Place of Business

AAAA ELECTRIC SERVICE COMPANY, INC.

2200 NE 36TH STREET LIGHTHOUSE POINT FL 33064		2200 NE 36TH STREET LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN TH	IIS SPACE	<u> </u>	
					 Date Incorporated or Qualified 06/20/1991 		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0272731		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional
22		27			J. Contract of Carab Boom C		e Required
City & State	e .	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 24	Country 25	Zip 29 30	Country	,	This corporation owes the current year Personal Property Tax.	Intangible Yes	i X No
	9. Name and Address of Curr				10. Name and Address of New Registere	d Agent	
			81	Name			
NAEGEL, EDITH M 2200 NE 36TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
LIGH	THOUSE POINT FL 33064		83				-
			84	City		. 85	Zip Code
				<u> </u>	F		
office or n	egistered agent or both, in the Sta	502 and 607.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 607.0505, Florida	orized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changir pointment	as registered
SIGNATURE	m ramınar witri, and accept the obii						
	Signature, typed or printed name of registered a	·		nt signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	
TITLE	PD	☐ DELETE	1.1 TITLE				inge
NAME.	NAEGEL, EDITH M		1.2 NAME				
STREET ADDRESS	2200 NE 36TH STREET	04		TADORESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 330	DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		[] Cha	ange 🗀 Addition
TITLE		□ betele	2.1 HILE				90
NAME				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE -	2. 4 CITY-5 3.1 TITLE	S1-ZIP		☐ Cha	ange Additio
TITLE		_ bccc12	3.2 NAME				
NAME }				TARRESCO			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	****	☐ DELETE	3.4. CITY-5 4.1 TITLE	SI-ZIP	<u></u>	∏ Cha	ange Madditio
TITLE		C OLLLIE	4.1 111LE 4.2 NAME			ے داد	
NAME				T ADODESO			
STREET ADDRESS				TADORESS			
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TITLE		[OCEL.1L	5.1 (IILE 5.2 NAME				
NAME				TADDRESS			
STREET ADDRESS		;	5.4 CITY-S				
CITY-ST-ZIP		(Delete	6.1 TITLE	31-217		☐ Cha	ange
TITLE		☐ DELETE	6.2 NAME			□ cus	arge [_] Addition
NAME							
STREET ADDRESS			6.3 STREE	TADDRESS			

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.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90029 018 ***150.00

CR2E034 (11/98)