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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

MICHAEL ELECTRIC SERVICE INC

FILED Apr 15 1998 8:00am Secretary of State



Mailing Address Principal Place of Business P.O. BOX 93-5085 5500 N.W. 15TH STREET MARGATE FL 33083-5085 STE M-2 DO NOT WRITE IN THIS SPACE MARGATE FL 33083 3. Date Incorporated or Qualified 08/26/1991 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0296992 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Ζφ Country Zip Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAMMARITANO, MICHAEL 6875 NW 1 STR Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 Zip Code City 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE TITLE 11 TITLE SAMMARITANO, MICHAEL 1.2 NAME NAME 6875 NW 1 STR STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME STREET ADDRESS 14. I hereby certify that the information supplied with this king 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 of suppliemental 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 of the receiver of truetes 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, given an attachment with an address.