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 # V70497

1. Corporation Name

ENERGY MANAGEMENT ELECTRICAL SERVICE, INC.

						1811 B1811 91811 B181 B181	
Principal Place of Business Mailing Address							
650 NW 95TH STREET 650 N.W. 95TH STREET							
MIAMI FL 33150		MIAMI FL 33150		DO NOT WRITE IN I	DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed	THOUNTED	***
					10/12/1992	·	
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	lied For
21 650 NW 95TH STREET 26					65-0363611		Applicable
Suite, Apt. #, etc. 22 Mana F L 27					5. Certifcate of Status Desired	\$8.75 A	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23 33	150 Dade	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	•	8. This corporation owes the current year		מאה
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registe	rea Agent	
CIM	GER. BERNARD A		81	Name		•	
4700 SHERIDAN STREET			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	TE B						
			83				
HUL.	LYWOOD FL 33021		84	City		85 Zip C	ode
				,		FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named co	orporation submits this statement for the purpos	e of changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	itnonzeo by ida Statutes	tne corpora 5.	ation's board of directors. I hereby accept the a	ppominient as reg	jistoreu
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Age	nt signature requ	uired when reinstating) DAT		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WAGGON, SECONDINO		1.2 NAME				
STREET ADDRESS	827 N.E. 145 STREET		1.3 STREE	T ADDRESS		,	
CITY-ST-ZIP	MIAMI FL 33161		1.4 CITY-S	IT-ZIP	,	•	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WAGGON, SECONDINO		2.2 NAME		<u></u>		-
STREET ADDRESS	827 N.E. 145 STREET			TADDRESS			
	MIAMI FL 33161		2. 4 CITY-5	1			
CITY-ST-ZIP TITLE	a deat	☐ DELETE	3.1 TITLE	31-21		Change	Addition
	PRASIDENT WESE SECUNDANO WESE 827 NE INS STRE	Son	3.2 NAME			~ *	_
NAME	seeman of						
STREET ADDRESS	827 NE 105 31KE		3.3 STREE				
CITY-ST-ZIP	MIRMI FL 33/G			TADDRESS		•	
TITLE		/	3.4. CITY-			□ Change	Addition
NAME		DELETE	4.1 TITLE	ST-ZIP		Change	Addition
STREET ADDRESS		/	4.1 TITLE 4. 2 NAME	ST-ZIP		☐ Change	Addition
CITY-ST-ZIP		/	4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP		Change	☐ Addition
		DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	ST-ZIP			
TITLE		/	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	ST-ZIP		☐ Change	☐ Addition
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST-ZIP			
		DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS			
NAME		DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90146 012 ***150.00