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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 364419

1. Corporation Name

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90014 017 \*\*\*150.00

. SURVIVA	AL PRODUCTS INC											
Principal Place	of Business	Mailing Address					1 ( <b>88188</b> ) (1881	1 <b>8</b> 3311 <b>8</b> 4 <b>811 8168</b> 3	II BA& 1811 BIGH	# F# (1 # ) # 3 (	OLUII BIQ	
5614 S.W. 25TH ST. 5614 S.W. 25TH ST.												
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023								DO NOT WE	DITE IN THE	e ebace	=	
						-	3. Date Incorpora			JOFAGE		
	•					ļ	05/21/1970		u .			
2 Principal Pl	lace of Business	2a. Mailing Address				-	4. FEI Number		•		App	lied For
<u> </u>	race of positiess	26					59-1402677	,			+ `	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc							—————————————————————————————————————	<b> \$8.</b>		lditional
22		27					5. Certificate of St	atus-Desired-			e Req	
City & State	e	City & State					6. Election Campaign Financing S5.00 May Be					
23		28					Trust Fund Cor	ntribution	' <sup>_</sup>	Ad	ded to	Fees
Zip	Country	Zip	Co	untry			8. This corporatio	n owes the cu	ırrent year Ir			_
24	25	29	30				Personal Prope			Yes	<u> </u>	□No
	9. Name and Address of Current	Registered Agent		١.,		1	10. Name and Ad	dress of New	Registered	Agent		
B00	EDO OLIADIEO O ID			81	Name							
	ERS, CHARLES G., JR.			82	Street A	Address	(P.O. Box Numbe	r is Not Acces	otable)	•		
	S.W. 25TH ST.			Ш			<u> </u>					
HUL	LYWOOD FL 33023			83								
				84	City					85	Zip Co	ode
					-				Ft	<u>-                                    </u>	.,	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statut	es, the a	bove d by t	-named corpor	corporation's	tion submits this st board of directors	atement for the	e purpose o	t changir Intment	ng its re as regi	egistered istered
agent. I a	m familiar with, and accept the obligati	ions of Section 607 0505. Flo	rida Sta	butaa				•	•		-	
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SIGNATURE	, , ,											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent		ntw beniupe	en reinstating)	ANGES TO	DATE	ND DIPE	CTOE	25 IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registere	d Agent		equired who	en reinstating) ADDITIONS/CH	ANGES TO C				
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registere	d Agent		equired who		ANGES TO C		ND DIRE		RS IN 12
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD ROGERS JR.,CHARLES G	and title if applicable. (NOTE	13. 1,1 T 1,2 N	d Agent TTLE	t signature req	equired who		ANGES TO C				
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ROGERS JR.,CHARLES G 2801 PALMER DR.	and title if applicable. (NOTE	13. 1.1 T 1.2 N 1.3 S	d Agent TTLE IAME	ADORESS	equired who		ANGES TO C				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ROGERS JR.,CHARLES G 2801 PALMER DR. HOLLYWOOD FL	and title if applicable. (NOTE O DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent TILE AME TREET	ADORESS	equired who		ANGES TO C		☐ Cha	ange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD ROGERS JR.,CHARLES G 2801 PALMER DR. HOLLYWOOD FL VSD	and title if applicable. (NOTE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	d Agent TTLE IAME TREET	ADORESS	equired who		ANGES TO C			ange	
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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.



954-966-7329