

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90078 013 ***150.00

DOCUMENT # **H62994**

1. Corporation Name

TORQUE MASTER, INC.



Principal Place of Business

3100 CAMP RD.
OVIEDO FL 32765
US

Mailing Address

3100 CAMP RD.
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1985

4. FEI Number

59-2595239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANG, MARK P.
111 N. ORANGE AVE.
SUITE 1760
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name **Julian Haller**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **3100 Camp Rd**
84 City **OViedo** FL 85 Zip Code **32765**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HALLER, JULIAN K.	
STREET ADDRESS	4004 ANCHOR WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	HALLER, MICHAEL	
STREET ADDRESS	1463 ABERDEEN STREET	
CITY-ST-ZIP	HAWKESBURY, ONT.	
TITLE	ST	☐ DELETE
NAME	HALLER, VIVIANE	
STREET ADDRESS	4004 ANCHOR WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3100 CAMP RD
2.4 CITY-ST-ZIP	OViedo, FL 32765
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian Haller

Date

Daytime Phone #

407-365-8380

CR2E034 (1/1/98)