## (06/11)

## 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 May 04, 1999 8:00 am Secretary of State

05-04-1999 90033 025 \*\*\*150.00

DOCL	JMENT	#	P37	740	7
	C - N. L				•

1. Corporation Name

CANTEX INC.

Principal Place			ailing Address BOX 340									
MINERAL WELLS TX 76067			NERAL WELLS TX 76067	1				SO NOT WIDITE IN	THE	CDACE.		
US		US	US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
								02/07/1992				Ì
2 Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		$\neg \top \Gamma$	Applied	For
21	idd o'i Bdoiriceo	26	Walling / loar ood					13-3645159		- ⊢-	Not App	
Suite, Apt.	#. etc.	1201	Suite, Apt. #, etc.	•				_			5 Additio	
22		27	•					5. Certifcate of Status Desired		Fee	Require	d ]
City & Stat	e		City & State		_		-	6. Election Campaign Financing		\$5.0	0 May	Be
23		28						Trust Fund Contribution			ed to Fee	
Zip	Country		Zip	Cou	ıntry			8. This corporation owes the current ye	ar Intar	ngible		İ
24	25	29		30				Personal Property Tax.		Yes		0
	9. Name and Address of Curren	it Regis	tered Agent		L.,			10. Name and Address of New Regist	ered A	gent		
0.7	CORPORATION OVOTEM				81	Name	l .					
	CORPORATION SYSTEM				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
	SOUTH PINE ISLAND ROAD											
PLAT	NTATION FL 33324				83							
					84	City				85 Zi	ip Code	
		_			1	_			<u>FL</u>		·	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Floridations of	la. Such change was a , Section 607.0505, Flo	uthorized rida Stat	by utes	the corp	ooration	ration submits this statement for the purpor's board of directors. I hereby accept the	арроіпі	ment as	register	ed
40	Signature, typed or printed name of registered age OFFICERS AN			Registered	Agen	t signature	required w	ADDITIONS/CHANGES TO OFFICER		DIDEC	TORS	N 12
TITLE	C OFFICERS AI	אוט טוגב	DELETE	1.1 11	n F		T	ADDITIONS/CHANGES TO OFFICE		Chang		Addition
	HIRONORI, KATO		C) DELETE	1.2 N/								
NAME	3 CHOME CHIYODA-KU					ADDRESS						
STREET ADDRESS	TOKYO JA						,					
CITY-ST-ZIP	D		☐ DELETE	2.1 TI	TY-SI	I-ZIP	+			Chang	ae 🗆	Addition
	WADA, AKIRA			2.1 N							, _	
NAME	3 CHOME CHIYODA-KU					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
STREET ADDRESS	TOKYO JA				ITY-S	ADDRESS	Ί					Ì
CITY-ST-ZIP TITLE	V		☐ DELETE	3.1 TI		1-ZIP	<del> </del>			Chang	je 🗆	Addition
NAME	YUMOTO, KIYOSHI			3.2 N/				·				
STREET ADDRESS	2101 SE 1ST ST					ADDRESS						}
CITY-ST-ZIP	MINERAL WELLS TX				ITY-S							ł
TITLE	VOT		☐ DELETE	4.1 TI		1-21	<del>                                     </del>			Chang	ge 🔲	] Addition
NAME	WALLS, RICHARD D			4, 2 N	AMÉ							
STREET ADDRESS	2101 SE 1 STR					ADDRESS	,					1
CITY-ST-ZIP	MINERAL WELLS TX				TY-81							- {
TITLE	P .		☐ DELETE	5.1 TI	<u>:</u>		1			Chang	ge 🗆	Addition
NAME	WIRTANEN, DON W.			5.2 N/			1					1
STREET ADDRESS	2102 SE 1ST			5.3 \$1	TREET	ADDRESS	i					1
CITY-ST-ZIP	MINERLA WELLS TX			5.4 CI	TY-\$1	Γ-ZIP						ľ
TITLE	V		☐ DELETE	6.1 TI	TLE		+			Chang	ge 🗆	Addition
NAME	MCGREGOR, JIM R			6.2 N/	AME							
STREET ADDRESS				6.3 ST	TREET	ADDRESS	3					Į.

MINERAL WELLS TX

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 chapted, ground an attachment with an address, with all other like empowered.

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/29/99 940/325-3344