# **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90020 044 \*\*\*150.00

1. Corporation	MENT # P94000 NDE SERVICE & SUPPLY CO				
Principal Place	o of Ausiness	Mailing Address		1 I Edilodi (in Sent esett eent enstre enstre	TITA ONIYE OLINE ONIYA KOON KOR LOGI.
18108 CLEARBE	•	18108 CLEARBROOK CIRCLE			
BOCA RATON I		BOCA RATON FL 33498			
				DO NOT WRITE IN THE	HIS SPACE
				3. Date Incorporated or Qualified	
· · · · · · · · · · · · · · · · · · ·				01/14/1994	A-E-E-
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		Suite, Apt. #, etc.		65-0464201	\$8.75 Additional
Suite, Apt.	#, etc.	<del> </del>		5. Certificate of Status Desired	Fee Required
22 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	٥	Personal Property Tax.	☐ Yes ☐ No
	g. Name and Address of Current			10. Name and Address of New Register	ed Agent
_			81 Name	YEARY B. GEBBBLA	ļ
	IBALA, HENRY			Address (P.O. Box Number is Not Acceptable)	
	08 CLEARBROOK CIRCLE		_	·	
800	A RATON FL 33498		83 18/	08 CUEARBROOK CIRCL	F.
			84 City	BOUA RATON F	85   Zip Code
			· []		L 33480
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was auti	i, the above-named horized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as registered
agent. I a	egistered agent, or both, in the clate of	The state of the s			
	in laminal with, and docopt the obligati	ons of Section 60-50506 Florin	ta Statutes.	e – Color Laboratoria	
SIGNATURE			-		1/90
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable INOTE: R	egistered Agent signature i	required when reinstating) DATE	1787
SIGNATURE	Signature, typed of printed name of regissered agent OFFICERS AND	and title if applicable INOTE: R	-	ADDITIONS/CHANGES TO OFFICERS	1787
SIGNATURE 12.	Signature, typed of printed name of registered agent OFFICERS AND	and the if applicable INOTE: R	egistered Agent aigneture i	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of regulateral agent OFFICERS AND D GEMBALA, HENRY	and the if applicable INOTE: R	egistared Agent agrinture ( 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS  HENRY B, GENRALA  556 LEMBON DR	AND DIRECTORS IN 12  Change Addition
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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 cath; 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.

6.4 CITY-ST-ZIP

SIGNATURE: \_<

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OR