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 # P94000028867

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

KINTECH MANUFACTURING, INC.

Principal Place	e of Business	Mailing Address							
400 VENTURE D		P.O. BOX 290632 PORT ORANGE FL 32129-0632				DO NOT WRITE IN THIS SP	ACE		
SOUTH DAYTON	NA FE 32119					3. Date Incorporated or Qualifed			
00						04/14/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1	Applied For	
21	· -	26	~ -			59-3238054		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & State	8	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23	<u></u>	28				Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intang		امر	
24	25	29	30			1 Croshar Fraperty Tax.	Yes	No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Age	<u>∌nt</u>		
LINI	ON ELAINE			81	Name				
	ON, ELAINE BRAMBLE BUSH CIRCLE EAST	82 Street A		Street Addr	ess (P.O. Box Number is Not Acceptable)				
PUR	T ORANGE FL 32127			83					
				84	City		85 Z	ip Code	
					•	<u> </u>			
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	i bv t	the corporation	oration submits this statement for the purpose of chapters board of directors. I hereby accept the appointment	inging ent as	its registered registered	
SIGNATURE									
	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	Ť	Agent	signature required	d when reinstating) DATE	21056	TODE IN 12	
12.	OFFICERS AN	D DELETE	13.	n C		ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	PT CANDE		1.1 37				J 0	,	
NAME	KINION, ELAINE		1.2 N						
STREET ADDRESS	981 BRAMBLE BUSH CR E				ADDRESS				
CITY-ST-ZIP	PT ORANGE FL	☐ DELETE	_	TY-ST	-ZIP		7 Chang	e Addition	
TITLE	VS	□ DECEIE	2.1 TT			L	J Chang	ge Li Hadisani	
NAME	KINION, KEVIN		2.2 N/					ſ	
-STREET ADDRESS					ADDRESS -	The state of the s		}	
CITY-ST-ZIP	PT ORANGE FL	□ DELETE	_	TY-ST	r-ZIP		Chang	e Addition	
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NAME:			3.2 N/						
STREET ADDRESS					ADDRESS			l l	
CITY-ST-ZIP			_	ITY-ST	r-zip		Chang	ge	
nure		☐ DELETE	4.1 Tî		1	L] Criani		
NAME			4.2 N			•		}	
STREET ADDRESS					ADDRESS]	
CITY-ST-ZIP			_	TY-ST	-ZIP		7.05-	na [] Addistr	
TITLE		☐ DELETE	5.1 TT			L] Chark	ge	
NAME			5.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP		7.05-	Addition	
TITLE		☐ DELETE	6.1 TT			Ĺ] Chanç	ge 🔲 Addition 🛭	
NAME			6.2 N/	WE	ŀ			Į	

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

904-756-8612

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90095 032 ***150.00