

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 # P95000064749

1. Corporation Name

ACCU-TECH POLYMERS, INC.

Principal Place of Business

19211 CHAPEL CREEK DR.
BOCA RATON FL 33434
US

Mailing Address

19211 CHAPEL CREEK DR
BOCA RATON FL 33434
US

2. Principal Place of Business

21 7804 LAKESIDE BLVD

Suite, Apt. #, etc.

22 SUITE 406

City & State

23 BOCA RATON FL

Zip

24 33434

Country

25 USA

2a. Mailing Address

26 SAME (2)

Suite, Apt. #, etc.

27 SAME (2)

City & State

28 SAME (2)

Zip

29 SAME (2)

Country

30 SAME (2)

9. Name and Address of Current Registered Agent

KLEIN, STUART
19211 CHAPEL CREEK DR
BOCA RATON FL 33434

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

65-0603610

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

10. Name and Address of New Registered Agent

81 Name

STUART KLEIN

82 Street Address (P.O. Box Number is Not Acceptable)

7804 LAKESIDE BLVD.

83

SUITE 406

84 City

BOCA RATON

FL

85 Zip Code

33434

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

Stuart Klein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KLEIN, MILDRED
STREET ADDRESS 19211 CHAPEL CREEK DR 7804 LAKESIDE BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE VS ☐ DELETE
NAME KLEIN, STUART
STREET ADDRESS 19211 CHAPEL CREEK DR 7804 LAKESIDE BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.4 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Stuart Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/99

Daytime Phone #

561-347-2299

CR2E034 (11/98)

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90039 028 ***158.75



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