FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091770 (2)

FLUOTT INDUSTRIES, INC.

FILED Apr 24 1998 8:00am Secretary of State

| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
|---|--|-------------------------------|------------------------------------|---|----------------------------------|
| Principal Place of Business Mai | | Mailing Address | | - I INDILABA ITA KRIIN ÇÊDIT BANY BANY DAYN RANG M | MAN ALARY NEARY NAME OF ILE SAME |
| 6011 MEDICI COURT #306 6011 MEDICI COURT #30 | | | | ĺ | |
| SARASOTA FL 34243 SARASOTA FL 34243 | | | | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| 1 | | | | 10/24/1997 | ì |
| 2. Principal P | tace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 SAM | £ | 26 SAME | | 65-0789354 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | • | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 Oh 8 Stat | | City P. State | | | Fee Required |
| City & State | в | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has paid the circumstance of the cir | |
| 24 | 25 | ├ | 0 | | Yes No |
| | 9. Name and Address of Curre | | | 10. Name and Address of New Registered | Agent |
| PROSPERI, MICHEL 81 Name | | | | | |
| 6011 MEDICI COURT #306 | | | 82 Street Addr | SAME ess (P.O. Box Number is Not Acceptable) | |
| SARASOTA FL 34243 | | | | SAME | |
| • | | | 83 | | |
| ļ | | | 84 City | | 85 Zip Code |
| | | | | FI | |
| 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 any accept the appointment of the purpose of changing its registered 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 any accept the appointment of the purpose of changing its registered of florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered 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 any accept the appointment as registered agent. | | | | | |
| | | | | | |
| SIGNATURE (| Signature, typed or printed name of prigistered ag | and title dispersable (NOTE) | Registered Agent signature require | | /6-7/ |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TITLE | Ō | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | P ROSPERI, JEANNINE E | | 1,2 NAME | | |
| STREET ADDRESS | 6011 MEDICI COURT #306 | | 1,3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34243 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 21 TITLE | | Change Addition |
| NAME | PROSPERI, MICHEL | | 2.2 NAME | | Į. |
| STREET ADDRESS | 6011 MEDICI COURT #306 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34243 | DELETE | 2.4 CITY - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE | | U DECEIE | 3.1 TITLE | f . : | L Change L Addition |
| NAME OTREET ADDRESS | | | 32 NAME | | |
| STREET ADORESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY-ST-ZIP | | Change Addition |
| NAME | | | 4, 2 NAME | | |
| STREET ADDRESS | • | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETÉ | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | į |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 of 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 anachment with an address.

4-16-98 941 351 9849