

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90010 012 ***550.00

DOCUMENT # **PA8000073577**
1. Corporation Name
Incredible Products of Florida, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 5905-A Hampton Oaks Pkwy		26 5905-A Hampton Oaks Pkwy		August 20, 1998		59-3532875		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		87.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23 City & State Tampa, FL		28 City & State Tampa, FL		8. This corporation owes the current year Intangible Personal Property Tax.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
24 Zip 33610		25 Country USA		29 Zip 33610		30 Country USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Kotha S. Sekharam			
				82 Street Address (P.O. Box Number is Not Acceptable) 6950 Bryan Dairy Road			
				83			
				84 City Largo			
				85 FL Zip Code 33777			
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 <i>Kotha S. Sekharam</i>				SIGNATURE Kotha S. Sekharam			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
				DATE 5/24/99			

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres, Director	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary A. Shawkey		1.2 NAME	William LaGamba	
STREET ADDRESS			1.3 STREET ADDRESS	6950 Bryan Dairy Road	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Largo, FL 33777	
TITLE	Secretary, Treasurer	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Can I. Shuman		2.2 NAME	Jugal K. Taneja	
STREET ADDRESS			2.3 STREET ADDRESS	6950 Bryan Dairy Road	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Largo, FL 33777	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	mihir Taneja	
STREET ADDRESS			3.3 STREET ADDRESS	6950 Bryan Dairy Road	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Largo, FL 33777	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Bill Brewer	
STREET ADDRESS			4.3 STREET ADDRESS	6950 Bryan Dairy Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Largo, FL 33777	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
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 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.

SIGNATURE: *William L. LaGamba* **William L. LaGamba** 5/24/99 727/544-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (1/1/98)