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 # **V06091**

1. Corporation Name

BETTER ACCURACY TECHNOLOGIES CORPORATION

Principal Place 4300 HIGHWAY FROSTPROOF F	630 E	Mailing Address 4300 HIGHWAY 630 E FROSTPROOF FL 33843	3	<u>,</u>		DO NOT WRITE IN TO			
						01/13/1992	1 7 4 7 1	olied For	
2. Principal Place of Business		2a. Mailing Address						Applicable	14 10 9
21		26	Suite, Apt. #, etc.			59-3117285		:	ă.
Suite, Apt. #, etc.		27	27			5. Certificate of Status Desired	Fee Required		
City & State	e	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		₽No	
24 25		29	30			Personal Property Tax.	ersonal Property Tax. Yes No ame and Address of New Registered Agent		
	9. Name and Address of Cur	rent Registered Agent		81 Name		10. Name and Address of New Register	ed Agent		
CAD	CIA FRANK			Name					
	CIA, FRANK			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
	HIGHWAY 630E					4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 4 60 to Co	
FRU	STPROOF FL 33843			83		1995年			
				84 City		· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode	
				_,		-		ragistarad	
l: office or r agent. I a	registered agent, or both, in the Starm familiar with, and accept the obligations.	ate of Florida. Such change wa	as autnorized	DY THE CORP	oration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	pointment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	NOTE: Registered	Agent signature	required v	when reinstating) DATE			á
12.		AND DIRECTORS	13.	Agent signature	required v	ADDITIONS/CHANGES TO OFFICERS			1/08)
		-9	13.		required v	THOM TO THE SECOND	AND DIRECTO	RS IN 12	(41/08)
12.	OFFICERS PD	AND DIRECTORS	13.	le.	required v	ADDITIONS/CHANGES TO OFFICERS			
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12. TITLE NAME STREET ADDRESS	PD GARCIA, FRANK 4300 HIGHWAY 630 E	AND DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST	le Me	required v	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	
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CITY-ST-ZIP 14. 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 suppliemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90039 005 ***158.75

Change

☐ Addition