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 # 165190

1. Corporation Name

PURE LEAD PRODUCTS INC

| TONE EL | AD FRODOGIO INC | | | | | | | | | |
|---|--|---|------------------------|----------------------|--|--|------------------|-----------------|-----------------|--|
| Principal Place | e of Business | Mailing Address | | | | • • • • • • • • • • • • • • • • • • • | 1E(1) BEN BIBN B | | 1011 01911 1987 | |
| 127 RICHFIELD DRIVE 127 RICHFIELD DRIVE | | | | | | | | | | |
| LAKE PLACID FL 33852 LAKE PLACID FL 33852 | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | 2 D-4- In | | | - OF AGE | | |
| | | | | | 06/01 | corporated or Qualifed /1951 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Nu | | | App | olied For | |
| 21 | | 26 | | | 59-04 | 12395 | | Not | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifca | ite of Status Desired | □ · | \$8.75 A | 1 1 | |
| 22 | | City & State | | | 6 51-11-1 | . Consulina Sinonolina | | \$5.00 | | |
| City & State | е | 28 | | | i | n Campaign Financing und Contribution | , _□ | Added to | | |
| Zip | Country | Zip | Coun | try | 8. This co | rporation owes the cu | rrent vear Int | tangible | | |
| 24 | 25 29 30 | | 30 | Personal Property T | | • | | | □No | |
| 24 | 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | | | | | | | |
| CANTER, CLIFTON H., JR. | | | - | 82 Street A | Address (P.O. Box | Number is Not Accep | table) | | | |
| 127 RICHFIELD DR LAKE PLACID FL 33852 | | | | | | | <u> </u> | | | |
| | I I SHOUD I'E GOODE | | | 83 | | | | | | |
| | | | ľ | 84 City | | | FL | 85 Zip C | Code | |
| l office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligat | of Florida. Such change was at ions of, Section 607.0505, Flor | uthonzed rida Statu | by the corpo tes. | corporation submit pration's board of d | s this statement for the lirectors. I hereby according to the lirectors of | ept the appoi | intment as rec | gistered | |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | gent signature re | | NS/CHANGES TO O | | ND DIRECTO | RS IN 12 | |
| TITLE | PD OFFICERS AN | D DIRECTORS DELETE | 1.1 TITL | F I | 7,001110 | | TTTOLING 7. | Change | Addition | |
| 1 | CANTER, CLIFTON H JR | [] bereit | 1.2 NA | | | | | _ , | _ | |
| NAME | 127 RICHFIELD DR. | | | 1 | | | | | | |
| STREET ADDRESS | LAKE PLACID, FL 00000 | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | S | DELETE | 2.1 TITI | r-st-zip | | | | ☐ Change | Addition | |
| TITLE | T | | . I | | | | | | | |
| NAME | Canter, Phyllis E. 127 Richfield Dr. | | 2 2 NAM | MEET ADDRESS | | | | | } | |
| STREET ADDRESS | LAKE PLACID, FL 00000 | | | Y-ST-ZIP | | - | | • | | |
| CITY-ST-ZIP | | | 3.1 TITL | | | | | Change | Addition | |
| NAME | | | 3.2 NA | 1 | | | | - | Į | |
| STREET ADDRESS | | | 3.3 STF | REET ADDRESS | | | | | ļ | |
| CITY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | | | | | <u></u> | |
| TITLE | | ☐ DELETE | 4.1 TITI | .E | | | | ☐ Change | Addition | |
| NAME | | | 4. 2 NA | ME | | | | | | |
| STREET ADDRESS | | | 4.3 STF | REET ADDRESS | | | | | 1 | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | | ☐ Addison | |
| TITLE | | ☐ DELETE | 5.1 TITL | t | | | | Change | Addition | |
| NAME | | | 5.2 NA | | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | ν . | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99 941-465-750

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90062 021 ***150.00

Daytime Phone #

☐ Change

☐ Addition

32E034 (11/98)