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

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90065 006 ***158.75

1. Corporation	MENT # 290567 PRODUCTS, INC.										
Principal Place of Business Mailing Address						1	1 500110 1101	IB ABIKI UBIBI BILA	IN MITTE IND DENTI DE	811 8 1811 81811 1	KANT BIBIK 1861
12641 174TH CT. NORTH JUPITER FL 33478 US		12641 174TH CT. NORTH JUPITER FL 33478 US				• D-1	- I	DO NOT Wated or Qualif	VRITE IN THIS	SPACE	
						I	/05/1965		leu		
2. Principal Place of Business		2a. Mailing Address					Number)		I Ap	plied For
21		26				59	-108883	3		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					_	tatus Desired	<u> </u>	\$8.75	
22		27				3 . 00.				Fee Re	
City & State		City & State						aign Financii	ng 🗆	\$5.00	
23		28 7in	Country		Trust Fund Contribution Added to Fees						
Zip	Country	Zip	30			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No					
24	9. Name and Address of Current						<u>-</u>		w Registered		
	J. 112			81 Na	me						
Bakels, Joyce P 12641 174th Ct. North Jupiter Fl 33410				82 Str	eet Addre	ddress (P.O. Box Number is Not Acceptable)					
			-	84 Cit	y				FL	85 Zip (Code
office or n agent. I al SIGNATURE	ida Statu Registered	by the c ites.	orporauo	M S DOARD	ting)	s. I nereby ac	the purpose of cept the appoir	milent as re	gistered		
12.		OFFICERS AND DIRECTORS		13.			HONS/CF	IANGES TO	OFFICERS AN	Change	Addition
TITLE	PT	☐ DELETE	1.1 TIT							☐ Change	
NAME	BAKELS, GLENN			1.2 NAME							
STREET ADDRESS		641 174 COURT NORTH		1.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	JUPITER FL 33478 VS	☐ DELETE	+	2.1 TITLE						Change	Addition
NAME	-		2.2 NAME		- 1						
STREET ADDRESS	BAKELS, JOYCE P. 12641174 COURT NORTH		2.3 STREET ADDRESS		ESS \2	1491	174	COURT	NORTH		
CITY-ST-ZIP	JUPITER FL 33478		2.4 CITY-ST-ZIP								
TITLE	DELETE		3.1 TIT	LΕ						☐ Change	☐ Addition
NAME			3.2 NA	ME							İ
STREET ADDRESS			3.3 STF	REET ADOR	ESS						
CITY-ST-ZIP				TY-ST-ZIP							
TITLE		☐ DELETE	4.1 1111							Change	☐ Addition
NAME			4. 2 NA								
STREET ADDRESS			1	REET ADDR	ESS						
CITY-ST-ZIP		☐ DELETE	-	Y-ST-ZIP				to "		☐ Change	☐ Addition
TITLE		□ percie	5.1 TTT								
NAME STREET ANDRESS			 	REET ADDR	ESS				•		į
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP							ţ
TITLE		☐ DELETE	6.1 TIT	LE .						Change	☐ Addition
NAME			6.2 NA	ME							ł
STREET ADDRESS			6.3 STF	REET ADDR	ESS						ļ
CITY-ST-ZIP				Y-ST-ZIP			07(2)(i) [no. I further cort	10 at 10 at 10	

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.

