Applied For Not Applicable

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90108 018 \*\*\*150.00

DOCUMENT	#	5987	'97
1. Corporation Name		•••	•

PARADYNE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address			
8545 126TH AVE N. P.O. BOX 2826 LARGO FL 33779-826 US	8545 126TH AVE N. P.O. BOX 2826 LARGO FL 33779-826 US		DO NOT WRITE IN	N THIS SPACE
	••		12/29/1978	
2. Principal Place of Business 21 8545 - 126th Ave. N.	2a. Mailing Address 26 8545 - 126th	Ave. N.	4. FEI Number 59-1885301	Applied For Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Recuired
City & State 23 Largo, Florida	City & State  28 Largo, Floric	 la	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33773 25 USA		Country USA	This corporation owes the current y     Personal Property Tax.	vear Intangible □ Yes 【█No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regis	stered Agent
SLATTERY, JAMES L. 8545 126TH AVE N. LARGO FL 34649		<ul><li>81 Name</li><li>82 Street Ac</li><li>83</li></ul>	dress (P.O. Box Number is Not Acceptable)	
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or bo h, in the Stat agent. am familiar with, and accept the oblig	e of Florida. Such change was authori.	zed by the corpora	rporation submits this statement for the purption's board of cirectors. I hereby accept the	pose of changing its registere e appointment as registered
SIGNATURE Signature, typed or printed na ne of registered a	gent and title if applicable. (NOT):: Regist	ared Agent signature requ	red when reinstating)	DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PTD DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE MURPHY, PATICK M 1.2 NAME NAME 3202 W KNIGHTS AVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change SVD DELETE 2.1 TITLE TITLE SLATTERY, JAMES L. 2.2 NAME NAME 2065 HUNTERS GLEN DR 403 2.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 3.1 TITLE BLACK, BARRY H 3.2 NAME NAME 1911 SANDPIPER DR 3.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 to steep empowered to execute this report as required by Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with a jother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(727) 530-2977

CR2E034 (11/98)