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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 638683 1. Corporation Name

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90030 017 ***150.00



	MOBILITY PRODUCTS AND								
Principal Place	e of Business	Mailing Address							
1925 10TH AVE N LAKE WORTH FL 33461		1925 10TH AVE N LAKE WORTH FL 33461			DO NO	T WRITE IN THIS	SPACE		
						3. Date Incorporated or Qu		, oi /(or	
						09/28/1979			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	- -	A	pplied For
21		26				59-1949292		_ No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desi	ired .	7	Additional	
22		27			J. Octubed of Olates Best		Fee R	equired	
City & State		City & State			6. Election Campaign Final	ncing 🖂		May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		intry		8. This corporation owes the	e current year in	tangible Yes	□No
24	9. Name and Address of Current	29 Agent	30			Personal Property Tax. 10. Name and Address of	New Registered		
	5. Haine and Address of Curren	r vehiereren vileur		81 N	vame	10	***************************************		
BATE	ELAAN, DONNA								
	10TH AVE N	ļ		82 S	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	E WORTH, FL			83			<u></u>		
3346	31							log l Zin	<u></u>
				84	City		FL	85 Zip	Code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was a	authorized	a by the	amed corpo corporation	ration submits this statement in board of directors. I hereby	accept the appo	intment as re	egistered
SIGNATURE			- 5			· · · · · · · · · · · · · · · · · · ·	- DATE		
	Signature, typed or printed name of registered agen				gnature required	when reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS AN	and title if applicable. (NOT) D DIRECTORS	E: Registered		gnature required	when reinstating) ADDITIONS/CHANGES 1	 	ND DIRECTO	ORS IN 12
12. TITLE	OFFICERS AN	D DIRECTORS	13.	TLE	gnature required		 		
12. TITLE NAME	OFFICERS AN PD BATELAAN, DONNA M	D DIRECTORS	13. 1.1 TI 1.2 N	TLE			 		
12. TITLE NAME STREET ADDRESS	PD BATELAAN, DONNA M 1925 10TH AVE N	D DIRECTORS	1.1 TF 1.2 N/ 1.3 ST	ITLE AME	ORESS		 		
12. TITLE NAME	OFFICERS AN PD BATELAAN, DONNA M	D DIRECTORS	1.1 TF 1.2 N/ 1.3 ST	ITLE AME TREET AD	ORESS		 		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD BATELAAN, DONNA M 1925 10TH AVE N LAKE WORTH FL D	D DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 Cf	ITLE AME TREET ADM	ORESS		 	Change	Addition
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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 dorporation 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: