

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 691713 (2)

1. Corporation Name
FLOWMATIC SYSTEMS, INC.

Principal Place of Business 521-D ST 11611 SW 147TH CT CLEARWATER FL 34616 DUNNELLON, FL 34432	Mailing Address 521-D ST P.O. Box 1139 CLEARWATER FL 34616 DUNNELLON, FL 34430
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1981	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2142085	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 11611 SW 147TH CT Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1139 Suite, Apt. #, etc.
22 City & State 23 DUNNELLON FL	27 City & State 28 DUNNELLON FL
24 Zip 34432 25 Country USA	29 Zip 34430 30 Country USA

9. Name and Address of Current Registered Agent
BRANE, DOUGLAS K
205 POINCIANA LN.
LARGO FL 34640
34720

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL 33710

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-98

12. OFFICERS AND DIRECTORS	
TITLE	PS <input type="checkbox"/> DELETE
NAME	BRANE, DOUGLAS K
STREET ADDRESS	205 POINCIANA LN.
CITY-ST-ZIP	LARGO FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BRANE, SCOTT D
STREET ADDRESS	214 HARBOR VIEW LN
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCOTT BRANE
2.3 STREET ADDRESS	11553 N. HOME PT
2.4 CITY-ST-ZIP	DUNNELLON, FL 34434
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-98 352-465-2000
Date Daytime Phone # 0396398

CR2E034 (10/97)