## 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

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90056 007 \*\*\*150.00

DOCUMENT #	F93000001219
4 Compretion Name	1 000000 12 10

FLOWTECH RESEARCH INC.

Prin	cipal F	Place of Bu	usiness
4640	DADY	TEDDACE	EACT

Mailing Address



1649 PARK TERRACE EAST ATLANTIC BEACH FL 32233		1649 PARK TERRACE EAST ATLANTIC BEACH FL 32233		DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed     02/23/1993		
2.	Principal Place of Business	2a. Mailing Ad	Idress			4. FEI Number		Applied For
21	,	26				58-1878839		Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		75 Additional se Required
23	City & State	City & Sta	te			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
24	Zip Country	Zip <b>29</b>	Co	untry	.,,	This corporation owes the current year Inta     Personal Property Tax.	ngible []] Yes	
	9. Name and Address of Cur		nt .			10. Name and Address of New Registered A	gent	
				81	Name			
	CORDES, EDWIN H 1649 PARK TERRACE EAST			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
	ATLANTIC BEACH FL 32233			83				
				84	City		85	Zip Code

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.

agent. Faint familiar with, and accept the congations of, decision corrected, Figure Catalana.					
SIGNATURE	Signature, typed or printed name of registered agent and title if epplicable. (NOTE:	Registered Agent signature req	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	CORDES, EDWIN H	1.2 NAME	·		
STREET ADDRESS	1649 PARK TERRACE EAST	1.3 STREET ADDRESS	• •		
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	<u> </u>		
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME	· ·		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
OH 1-31-4P			Company of the state of the sta		

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 informatic 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.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR