


FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90089 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000000413 1. Corporation Name LOTEPRO CORPORATION			
Principal Place of Business MOUNT PLEASANT CORPORATE CENTER 115 STEVENS AVENUE VALHALLA NY 10595		Mailing Address MOUNT PLEASANT CORPORATE CENTER 115 STEVENS AVENUE VALHALLA NY 10595	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State. 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/26/1994		4. FEI Number 13-1962354	
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	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE C NAME DORNER, ARMIN STREET ADDRESS LINDE AG, TVT DIVISION, D-8023 CITY-ST-ZIP HOELLRIEGELSKREUTH, GERMANY	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 type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE D NAME BELLONI, DR. ALDO STREET ADDRESS LINDE AG, TVT DIVISION, D-8023 CITY-ST-ZIP HOELLRIEGELSKREUTH, GERMANY	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	
TITLE <input type="checkbox"/> DELETE PD NAME KISTENMACHER, DR. HANS STREET ADDRESS LOTEPRO CORPORATION, 115 STEVENS AVE CITY-ST-ZIP VALHALLA NY	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	
TITLE <input type="checkbox"/> DELETE VST NAME DURIE, WILLIAM STREET ADDRESS LOTEPRO CORPORATION, 115 STEVENS AVE CITY-ST-ZIP VALHALLA NY			
TITLE <input type="checkbox"/> DELETE VST NAME KAERLE, JOHN STREET ADDRESS LOTEPRO CORPORATION, 115 STEVENS AVE CITY-ST-ZIP VALHALLA NY			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: _____

William N. Durie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 1999

Date Daytime Phone #

William N. Durie
 WILLIAM N. DURIE, VICE PRES. / SECRETARY

CR2E034 (11/98)