

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  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90009 047 \*\*\*150.00

DOCUMENT # F94000003606

1. Corporation Name

HARTZELL FLORIDA, INC.

Principal Place of Business

4100 NORTH POWERLINE ROAD  
SUITE A2  
POMPANO BEACH FL 33073  
US

Mailing Address

P.O. BOX 64529  
ST. PAUL MN 55164-0529  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1994

4. FEI Number

65-0502437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE  
NAME KASEL, DWAIN  
STREET ADDRESS 2516 WABASH AVE  
CITY-ST-ZIP ST PAUL MN

TITLE D ☐ DELETE  
NAME MOLTEN, DONALD C  
STREET ADDRESS 23200 CHAGRIN BLVD  
CITY-ST-ZIP BREACHWOOD OH 44122

TITLE S ☐ DELETE  
NAME NEILL, RONALD H  
STREET ADDRESS 800 SUPERIOR AVE  
CITY-ST-ZIP CLEVELAND OH 44114

TITLE AST ☒ DELETE  
NAME SANTELLI, JAMES P  
STREET ADDRESS 2516 WABASH AVE  
CITY-ST-ZIP ST PAUL MN

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE p ☐ Change ☒ Addition  
1.2 NAME George Scherff  
1.3 STREET ADDRESS 110 Continental Drive  
1.4 CITY-ST-ZIP Richmond, KY 40475

2.1 TITLE V/T ☐ Change ☒ Addition  
2.2 NAME Glenn Hollis  
2.3 STREET ADDRESS 110 Continental Drive,  
2.4 CITY-ST-ZIP Richmond, KY 40475

3.1 TITLE Ast S ☐ Change ☒ Addition  
3.2 NAME Annette Kaiser  
3.3 STREET ADDRESS 2516 Wabash Ave,  
3.4 CITY-ST-ZIP St Paul, MN 55114

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Donald Molten  
4.3 STREET ADDRESS 5900 Landerbrook Drive,  
4.4 CITY-ST-ZIP Mayfield Heights, OH 44124

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*James P. Santelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 651-686 9456

CR2E034 (11/98)

05-48952