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

PROFIT-CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # F9600004310

1. Corporation Name

MAKROSCAN, INC.

Principal Place of Business	
DO DOV 000	

Mailing Address

PO BOX 989

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90197 014 ***150.00



LAKE WORTH F	L 33460-0989	LAKE WORTH FL 33460-0989	LAKE WORTH FL 33460-0989		DO NOT WRITE IN THIS S	PACE	
	•				3. Date Incorporated or Qualifed		
					08/21/1996	т.	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			11-2756306		ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
22		City & State					May Be
City & State	→	28			6. Election Campaign Financing Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intar	aible	
24	25	29 30				∫Yes	□No
,41	9. Name and Address of Cu				10. Name and Address of New Registered A	gent	
	,		81	Name			
RIISS	SANEN, ILKKA		-	4 A d d	(D.O. Day Number in Not Accordable)		
240 \	VANDERBILT DR		82	Street Add	lress (P.O. Box Number is Not Acceptable)		
LAKE	WORTH FL 34460		83	-			
	•		0.4	Cit.		85 Zip	Code
•			84	City	FL	63 21	0000
office or re	edistered agent, or hoth; in the St	0502 and 607.1508, Florida Statutes, t tate of Florida. Such change was autho oligations of, Section 607.0505, Florida	nzed by	the corporati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	nanging it ment as r	s registered egistered
SIGNATURE	,				20.75		
	Signature, typed or printed name of registerer			nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ODS IN 12
12.		S AND DIRECTORS	13.			☐ Change	
TITLE	DCPT	□ percie	1.1 TITLE		•		
NAME	RIISSANEN, ILKKA		1.2 NAME				
STREET ADDRESS	240 VANDERBILT DR			T ADDRESS	•		
CITY-ST-ZIP	LAKE WORTH FL 33460	☐ DELETE	1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	DVS /	. DELETE	2.1 TITLE			onange	
NAME	RIISSANEN, RITVA-LIISA		2.2 NAME				
STREET ADDRESS	240 VANDERBILT DR		2.3 STREET	- 1			
CITY-ST-ZIP	LAKE WORTH FL 33460		2. 4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE		La Company of the Com	Change	[_] Addison
NAME	-		3.2 NAME	1			
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP		Change	Addition
TITLE		☐ ĐELETË	4.1 TITLE			criasige	
NAME :	•		4. 2 NAME				
STREET ADDRESS		1	4.3 STREET				
CITY-ST-ZIP	•	☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-214		☐ Change	Addition
TITLE		C pereie	5.1 MILE 5.2 NAME				
NAME .		İ	5.3 STREET	TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
TITLE -		C Deceie	6.2 NAME				
NAME			6.3 STREET	T ADDRESS			
STREET ADDRESS			6.4 CITY-S	1	· · · · · · · · · · · · · · · · · · ·		•
CITY_ST_ZIP			U.4 CIL 1 * 3	1-45			

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.