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**

DOCUMENT # F9700001615

1. Corporation Name

CITY-ST-ZIP

ARGONIDE CORPORATION

Principal Place of Business Mailing Address						f iååfilåå itiå täiti mati matit malit sain abtit aant sain tien eine met sain mat
240 POWDER C	OURT	240 POWDER COURT	**			
108 SANFORD FL 33	2771	108 SANFORD FL 32771 US				DO NOT WRITE IN THIS SPACE
US	E///					3. Date Incorporated or Qualifed
						03/31/1997
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				25-1753847 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	,	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing 55.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax. ☐ Yes ☐ No
=:1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
	_		8	31	Name	,
TEPPER, FREDERICK			-	32	Street Addres	ss (P.O. Box Number is Not Acceptable)
4985	FAWN RIDGE PL			"	Street Addres	55 (F.O. BOX Mullipor to Machinesophabile)
SANI	FORD FL 32771		8	33		
				4		
			8	34	City	FL 85 Zip Code
1 Control of Control o						
office or re	egistered agent, or both, in the State :	of Florida. Such change was auti	nonzea c	JV Ι	the corporation	's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obligation		La Saluit	~	> < 0	0 - 2/2/109
SIGNATURE	FREDERICK TEPPER Signature, typed or printed name of registered ager	- VESIDENT	tegistered A	gent	t signature required v	when reinstating) DATE
12.		ID DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP	☐ DELETE	1.1 TITL	E _		☐ Change ☐ Addition
NAME	TEPPER, FREDERICK		1.2 NAM	E	1	
STREET ADDRESS	4985 FAWN RIDGE PL		1.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY	-ST	-ZIP	. <u> </u>
TITLE	0	☐ DELETE	2.1 TITLE			Change Addition
NAME	TEPPER, SHEILA		2.2 NAME		i	
STREET ADDRESS					ADDRESS	
CANEODO EL COZZA			2.4 CITY		i i	
CITY-\$T-ZIP	DELETE		_	3.1 TITLE		☐ Change ☐ Addition
NAME		—	3.2 NAM			
					ADDRESS	
STREET ADDRESS			3.4, CIT		i	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL	_	1-237	☐ Change ☐ Addition
		<u></u>	4. 2 NAN		İ	
NAME					ADDRESS	•
STREET ADDRESS						
C/TY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITU	_	- ZIP	☐ Change ☐ Addition
TITLE			5.1 HILL 5.2 NAM			
NAME					ADDRESS	
STREET ADDRESS						
C/TY-ST-ZIP		DELETE	5.4 CITY 6.1 TITU		-217	☐ Change ☐ Addition
TITLE		€ Dereie	6.2 NAM			Course Course
NAME			i i		ADDDECC	
STREET ADDRESS	1		■ 0.3 S I R	ᄔ	ADDRESS	1

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.

6.4 CITY-ST-ZIP

SIGNATURE: 12ED

407-322-2500

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90058 046 ***150.00