PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE.

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** F97000002814

ADVANCED PARTICLE TECHNOLOGIES, INC.

Country

9. Name and Address of Current Registered Agent

25

rincipal Place of Business

Principal Place of Business

in Block 12 or Block 13 if change

SAN BARTOLA AUGUSTINE FL 32084

Suite, Apt. #, etc.

City & State

Zip

\_\_\_^

Mailing Address

7 SAN BARTOLA

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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ST. AUGUSTINE FL 32084

FILED

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SECRETARY OF STATE MULATUSEE. PLONICA



3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Intangible Personal Property.

8. This corporation owes the current year

10. Name and Address of New Registered Agent

Trust Fund Contribution

05/29/1997 4. FEI Number

59-3448222

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

CR2E034 (5/99)

Yes

Not Applicable

CORPORATION SERVICE COMPANY 1201 HAYS STREET				110.110	<u> </u>	
			82	Street .	Address (P.O. Box Number is Not[Acceptable]]] [] 1 1] 2[] [] 3	
TALLAHASSEE FL 32301-2525			83	<u> </u>	<del>****550.00 ****550.00</del>	
IALL	ANACOLL 1 E SESU PESES	•	83	}		
		-	. 84	City .	FL 85 Zip Code	
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.  Pamela L. Simpson, Authd. Representative  19 Jan 2000						
Infiniture, typed or printed name of registered early title if applicable. (NOTE: Registered Ag				gent signatu	re required when reinstating) DATE	
OFFICERS AND DIRECTORS 13.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	D	DELETÉ	1.1 TITLE		K Change Addition	
	BECK, ECKARDT C	1.2 N				
_ I AUUDIKI SIS	345 NW 26TH TERR 1.35		1.3 STREET	ADDRESS	7 San Bartola Drive	
_, <u>ze</u>	30CA RATON FL 33496		1.4 CITY-ST	r-ZIP	St. Augustine, FL 32086	
Î	DPT	. X DELETE 2.1			V Change X Addition	
_	MT, WILLIAM L		2.2 NAME		O'Donoughue, Michael S	
1 ADDRESS	3452 LAKE LYNDA DR STE #280 2		2.3 STREET	ADDRESS	7 San Bārtola Drive	
/10	DRLANDO FL 32817 24		2.4 CITY-ST	-ZIP	-StAugustine, FL -32086	
ĺ	VS	X DELETE 3.1			Change Addition	
1	ELLUM, WILLIAM GARY 3.		3.2 NAME		8000031716287	
_1 AUGUS 555	3452 LAKE LYNDA DR STE#280 33		3.3 STREET	ADDRESS	-03/15/0001102004	
-⊅ i-⊼in	ORLANDO FL 32817 3.4		3.4 CITY-\$1	r-ZłP	*****8,75 *****8.75	
T	CCAS	DELETE	4.1 TITLE		Change Addition	
1	IURCHIE, JOHN G		4.2 NAME 4.3 STREET ADDRESS		1000031716318	
I ADDHLSS	52 LAKE LYNDA DR STE #280 43				-03/15/0001102005	
17.70	ORLANDO FL 32817		4.4 CITY-ST	r-ZIP	****350,00 <u>****250.00</u>	
		DELETE	5.1 TITLE		Change Addition	
			5.2 NAME			
1 418 88 821			5.3 STREET	ADDRESS		
=: <u>719</u>			5.4 CITY-S1	r-ZIP		
]	4	DELETE	6.1 TITLE		Change Addition	
			6.2 NAME			
_ / AUTINEUS)		8	6.3 STREET	ADDRESS		
_: 2#	1 /h /l a		6.4 CITY-S1		KE	
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 of the receiver or the secure this report as required by Chapter 607, Florida Statutes; and that my name appears						

Country

30