


**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90005 012 \*\*\*150.00

ANNUAL REPORT  
**1999** (L)



Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003654**

1. Corporation Name  
**PRIMATE PRODUCTS, INCORPORATED**

Principal Place of Business      Mailing Address  
**1755 EAST BAYSHORE RD STE 28A**      **1755 EAST BAYSHORE RD STE 28A**  
**REDWOOD CITY CA 94063**                      **REDWOOD CITY CA 94063**

6 00742 7 90009 15 2 \*  
 600742 - 90009 - 15 2 \*

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip      Country	Zip      Country

3. Date Incorporated or Qualified  
**07/14/1997**

4. FEI Number      Applied For  
**94-3149770**      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

9. Name and Address of Current Registered Agent

**BRADFORD, DON**  
**7780 NW 53RD ST**  
**MIAMI FL 33168**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HOUGHTON, PAUL	1.2 NAME	
STREET ADDRESS	1755 EAST BAYSHORE RD STE 28A	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA 94063	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HOUGHTON, PAUL	2.2 NAME	
STREET ADDRESS	1755 EAST BAYSHORE RD STE 28A	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA 94063	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BRADFORD, DON	3.2 NAME	
STREET ADDRESS	7780 NW 53RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED      6-24-99      650 368 066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

3

600 742-90009-15  
F97 000003654



# Rowbotham

& COMPANY LLP

CERTIFIED PUBLIC  
ACCOUNTANTS

SAN FRANCISCO  
PALO ALTO

July 19, 1999

Florida Department of State  
Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**REF: PRIMATE PRODUCTS, INC  
1999 PROFIT CORPORATION ANNUAL REPORT**

Dear Sir or Madam:

We are responding to your notice dated June 29, 1999 (copy attached) on behalf of the above referenced taxpayer. The notice requests payment of a \$400 late fee for filing the report after May 1, 1999.

We are requesting abatement of the penalty because the taxpayer's corporate office is in California and the report was not received by the taxpayer until after the filing deadline of May 1, 1999 had passed.

If you need any additional information, please contact me.

Sincerely,

Bea Haase  
Enclosures

cc: Paul Houghton

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