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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # FOCA

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90267 050 \*\*\*158.75

	Corporation Na		00052.13	Vok							
Pr	incipal Place of E	Business	Mailing Address								
	'										
		56 WITTENBERG R	FU	BOX 4	17		DO NOT WRI	TE IN THIS	SDACE		
	MT	TREMPER, NY 12	45/ MT	TREMI	PER, N	NY	1.2457 DO NOT WRI 3. Date Incorporated or Qualifed	TE IIV TITIS	3FACE		1
							12/95				
2.	Principal Place	of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21	NE	W_YORK	26			ļ	133867702		No	ot Applicable	
$\sqsubseteq$	Suite, Apt. #, et	C.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	$\nabla$	•	Additional	
22	City & State		City & State							equired	ĺ
-	City & State						6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
23	Zip- · · · - · ·	Country	28	Countr	у		8. This corporation owes the curr	eñt vear Inta			
24				30	•		Personal Property Tax.	one your ma	Yes	ŪΝο	
	9.	Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered /	Agent		
				8.	1 Name						
CORPORATION SERVICE CO.				8:	82 Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET											
	TAI	LLAHASSEE, FL #	32301	8:	3						
				84	4 City			FL	85 Zip	Code	
11	Pursuant to the	e provisions of Sections 607 0502	and 607 1508 Florida Statut	es the abov	re-named c	ornors	ation submits this statement for the		changing its	registered	
''	office or reaiste	ered agent, or both, in the State of miliar with, and accept the obligation	Florida. Such change was a	uthorized by	v the corpor	ration's	s board of directors. I hereby accep	t the appoir	tment as re	gistered	
SI	GNATURE										
	Signal	ture, typed or printed name of registered agent a		: Registered Age	ent signature rec	quired wi	<u> </u>	DATE CICCOS ANI	D DIRECTO	DR IN 12	ία
12	Signar	ture, typed or printed name of registered agent a	DIRECTORS	: Registered Age	ent signature rec	quired wi	nen reinstating) ADDITIONS/CHANGES TO OF				11/08)
12 TITL	Signal			: Registered Age	ent signature rec	quired wi	<u> </u>		D DIRECTO	ORS IN 12	4 (11/08)
12	Signal  E  CI  E  AE  DEET ADDRESS EDV	OFFICERS AND HAIRMAN WARD A. ULLMANN	DIRECTORS  DELETE	: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature rec	quired wi	<u> </u>				11/08)
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12 TITE NAM STR	EET ADDRESS EDV	OFFICERS AND	DIRECTORS  DELETE  D PO BOX 1. 4	: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature rec	quired w	<u> </u>				CD2E034 (11/08)
12 TITE NAM STR	E CH EET ADDRESS E DV (-ST-ZIP 155	OFFICERS AND HAIRMAN WARD A. ULLMANN 56 WITTENEBRG RI TREMPER, NY 127	DIRECTORS  DELETE  D PO BOX 1. 4	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent signature rec	quired w	<u> </u>		Change	☐ Addition	CB2E034 (11/98)
12 TITE NAM STR	E CH EET ADDRESS E DV (-ST-ZIP 155	OFFICERS AND HAIRMAN WARD A. ULLMANN 56 WITTENEBRG RI TREMPER, NY 127	DIRECTORS  DELETE  D PO BOX 1. 4	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature rec	quired wi	<u> </u>		Change	☐ Addition	CP2E034 (11/08)
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122 TITE NAM STE CIT TITE NAM NAM	E CHEET ADDRESS E DV (-ST-ZIP 155 E MT  ME EET ADDRESS S E CO (-ST-ZIP NAN EET ADDRESS /-ST-ZIP EET ADDRESS /-ST-ZIP EET ADDRESS /-ST-ZIP E	OFFICERS AND HAIRMAN VARD A. ULLMANN 56 WITTENEBRG RI TREMPER, NY 127 CRETARY NCY LAVALLEE 56 WITTENBERG RI	DIRECTORS  DELETE  D PO BOX 1., 4  457  DELETE  D PO BOX DE4476  457	13. 1.1 TITLE 1.2 NAME 1.3 STREI 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	quired wi	<u> </u>		☐ Change	Addition  Addition  Addition	CD0E034 (11/08)
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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 attack ment with an address, with all other like empowered.

Wilmann EDWARD A ULLMANN

4/26/99 914 688 2878