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May 06, 1999 8:00 am Secretary of State

05-06-1999 90256 015 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000005989

1. Corporation Name

PULSETECH PRODUCTS CORPORATION

								1 18) 00 0) 00 00 0		, laiut ir	
Principal Place of Business Mailing Address											
1100 QQ 111 11111111111111111111111111			TH KIMBALL AVEN E TX 76092-9009	KIMBALL AVENUE TX 76092-9009			DO NOT WE	ITE IN THIS	SPACE	į	
							3. Date Incorporated or Qualifed	<u> </u>			
							10/28/1998				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Appl	ied For
21		26					75-2556844			Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State		City &	State				6. Election Campaign Financing		\$5	.00 M	ay Be
23		28					Trust Fund Contribution		Ad	ded to	Fees
Zip	Country Zip			Country			8. This corporation owes the cu	rrent year Inta			
24	25	29	3	30			Personal Property Tax.		Yes Yes	<u>, [</u>]No
	9. Name and Address of Cu	rrent Registered A	gent		_		10. Name and Address of New	Registered .	4gent		
	00000047004 0007514			81	1	Name					
C T CORPORATION SYSTEM					2	Street Addre	ess (P.O. Box Number is Not Accep	table)			
1200 SOUTH PINE ISLAND ROAD								<u> </u>			
PLA	ITATION FL 33324			83	3						
				84	4	City			85	Zip Co	ode
						•		FL			
office or r	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such	r change was auf	thorized by	v tr	named corpo ne corporatio	oration submits this statement for the in's board of directors. I hereby accounts	e purpose of ept the appoir	changin itment a	ıg its regi as regi	egistered stered
SIGNATURE											
	Signature, typed or printed name of registered	•			ent s	signature required	when reinstating)	DATE AN	D DIOC	CTO	10 IN 12
12.	PD	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO O	FFICERS AN			Addition
TITLE			□ Defeie							90	
NAME	SMITH JR, PETE W	AII 16"		12 NAME							
STREET ADDRESS	1100 SOUTH KIMBALL AVE	INUE				ADDRESS					
CITY-ST-ZIP	SOUTHLAKE TX		☐ DELETE	1.4 CITY-3		ZIP			Cha	ange	Addition
TITLE				2.1 TITLE						nige	
NAME	WITT, MARK	*** IF		2.2 NAME							
STREET ADDRESS	1100 SOUTH KIMBALL AVE	.NUE		2.3 STREE							
CITY-ST-ZIP	SOUTHLAKE TX		DELETE	2.4 CITY-		-ZIP			☐ Cha	ange –	☐ Addition
TITLE	\$		☐ DELETE	3.1 TITLE						90	
NAME	TAYLOR, GAIL	'kin iC		3.2 NAME							
STREET ADDRESS	1100 SOUTH KIMBALL AVE	:NUE				ADDRESS					
CITY-ST-ZIP	SOUTHLAKE TX			3.4. CITY-		-ZIP					☐ Addition
TITLE	ī		□ DELETE	4.1 TITLE		1			Cha	nige	

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.

. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

SMITH, JIMMIE M

SOUTHLAKE TX

JONES, PAUL

SOUTHLAKE TX

1100 SOUTH KIMBALL AVENUE

1100 SOUTH KIMBALL AVENUE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Jimmie M. Smith

4/27/99

Date

(817) 329-6647

Daytime Phone #

Change

☐ Change

Addition

☐ Addition