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

Mailing Address

DOCUMENT # G73283

Principal Place of Business

IMPART SPECIAL PRODUCTS, INC.

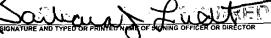
FILED
May 10, 1999 8:00 am
Secretary of State
05 10 1000 00019 040 ***150 00

<u>i indriki barı kandı kirir irdel inder ikir birir dinik birik bir</u>

C/O WILLIAM R. 4095 SAUNDERS GREEN COVE SF US	ROAD RINGS FL 32043	% WILLIAM R. LUDT 40% SAUNDERS ROAD GREEN COVE SPRINGS FL 32043 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1983 4. FEI Number Applied For				
2. Principal Pla	ce of Business	2a. Mailing Address			59-2355451		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	g \$5.00 May Be Added to Fees			
23 28 Zip Zip			Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			
Zip				Personal Property Tax				
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
V. V.				81 Name				
LUDT, WILLIAM R. 4095 SAUNDERS ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable) 		
GREEN COVE SPRINGS FL 32043			83					
			84] ' '		FL	Code	
office or re agent, I ar	o the provisions of Sections of Index gistered agent, or both, in the State of Infamiliar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florid	da Statutes		rporation submits this statement for the putition's board of directors. I hereby accept the directors are the putition's board of directors. I hereby accept the directors are the putition of	DATE		
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12	
12.	DPT E	☐ DELETE	1.1 TITLE			Change		
NAME	LUDT, WILLIAM R		1.2 NAME					
STREET ADDRESS	100		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1,4 CITY-9	1-2IP		☐ Change	Addition	
TITLE	- WO		2.1 TITLE					
NAME	LUDT, BARBARA J		2.2 NAME					
STREET ADDRESS	ADDRESS 4090 SACIADENO NOAD			T ADDRESS	·			
CITY-ST-ZIP	CHILLIA COAL CHAMAGO IZ		2.4 CITY-1	ST-ZIP		☐ Change	Addition	
TITLE			3.2 NAME	Į.				
NAME STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	e 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		□ DELETE	44 CITY-5	ST-ZIP		Change	e Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				_	
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-8					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	e Addition	
NAME		_	6.2 NAME					
STREET ADDRESS			6.3 STREE	T 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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:



May 1, 1999

904/284-4489