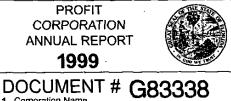
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FEINWERK TECHNOLOGIES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90193 023 ***150.00



	·						<u> </u>					
Principal Place of Business Mailing Address					-			1911 21211 010		111 415		
4881 EVERGREEN AVE 14881 EVERGREEN AVE							1					
CLEARWATER FL 33762-3008		CLEARWATER FL 33762-3008					DO NOT WRITE IN THIS SPACE					
IS US							3. Date Incorporated or Qualifed					i
							02/03/1984				(
2 Principal Pi	ace of Business	2a. Mailing Ad	Idress				4. FEI Number		$\neg \neg$	Applic	ed For	
a. rincipari	ace of pusificas	- -	26				59-2368837				pplicable	ı
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.				 		\$8.7			i
2	··,	27	,				5. Certifcate of Status Desired		•	Requ		ı
- City & State		City & Sta	te ====	-	-		6. Election Campaign Financing \$5.00 May Be					-
3		28					Trust Fund Contribution Added to Fees					1
Zip Country		Žip	Zip Country				8. This corporation owes the current year Intangible			_		
4 25		29	29 30				Personal Property Tax. Yes				1 No	i
	9. Name and Address of Curren	t Registered Ager	nt]			10. Name and Address of New Re	gistered A	gent			ļ
MEN	NED MADONS			ļ	81	Name		,				i
HEILNER, MARCUS 14881 EVERGREEN AVE				ł	82	Street Addre	ess (P.O. Box Number is Not Acceptab	(e)				
												i
ULEA	ARWATER FL 33762			{	83						İ	i
				}	84	City			85 Z	ip Cod	de de	
				1		-		<u> </u>	1 1	<u>.</u>		ı
office or re	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chi	ange was auth	orizea	by t	-named corpo the corporation	pration submits this statement for the p n's board of directors. I hereby accept	urpose of c the appoint	hanging ment as	its rej regis	gistered tered	ı
J	m ramiliar with, and accept the obliga	dons of Section of	17.0303, 11011d	a Statu	163.						}	ı
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Re	gistered .	Agent	signature required	when reinstating)	DATE				á
12.		D DIRECTORS	1	13			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS	S IN 12	1/98
TITLE	DP		DELETE	1.1 TH	LE				☐ Chan	ge	☐ Addition	7
NAME	HEILNER, MARCUS T.			1.2 NA	ME	}						5
STREET ADDRESS	EET ADDRESS 14881 EVERGREEN AVE		1.3 \$		3 STREET ADDRESS							ū
CITY-ST-ZIP	CLEARWATER FL 33762			1.4 CIT	Y-ST	-ZIP						្រំ
TITLE	D	☐ DELETE 2		2.1 TITLE					☐ Chan	ge	Addition	ر
NAME	Faulhaber, Fritz H	1		2.2 NAME								,
STREET ADDRESS	14881 EVERGREEN AVE			2.3 STREET ADDRESS		ADDRESS					ł	1
CITY+ST-ZIP	CLEARWATER FL 33762		<u></u> ,	2.4 C	ry-S1	r-ZIP		<u> </u>		<u></u>		
TITLE	D	☐ DELETE		3.1 TIT	3.1 TITLE				Chan	ge	☐ Addition	
NAME	POULSON, ROBERT A.			3.2 NA	3.2 NAME						Ì	
STREET ADDRESS	14881 EVERGREEN AVE	· ·		3.3 STREET ADDRESS		ADDRESS					l	
CITY-ST-ZIP	CLEARWATER FL 33762			3.4. СГ	TY-S <u>T</u>	Γ-ZIP						الما
TITLE	ST	-	DELETE	4.1 TIT	LE				Chan	ge	☐ Addition	
NAME	Lewis, Sara C.			4.2 NA	ME	ļ						,
STREET ADORESS	14881 EVERGREEN AVE		l	4.3 Sπ	REET.	ADDRESS						(1
CITY-ST-ZIP	CLEARWATER FL 33762			4.4 CIT	Y-\$T	-ZIP		-				
TITLE			DELETE	5.1 TIT	LE	T	• •		☐ Chan	ge	Addition	,
NAME				5.2 NA	ME	1	•				(ı
STREET ADDRESS				5.3 STI	REET	ADDRESS					ļ	1
CITY-ST-ZIP		·		5.4 CIT	_	-ZIP						
TITLE			DELETE	6.1 TIT	LE				Chan	ge	Addition	1
NAME			,	6.2 NA	ME							
STREET ADDRESS				6.3 \$11	REET.	ADORESS						
l				B ~ 4 ~~		I						

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:X