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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H11410

1. Corporation Name

LONIO	A PRECISION CALIPERS,	IIVG.			
Principal Place	e of Business	Mailing Address		4 INDESTI DIDI SINDS INDII GIBOT IIDII DELI DELI DIDII	BIBIT OLDIE BIBIT GIOTI DIGIT (OD)
% CARL SHUHI 1450 SOUTHWEST 10TH STREET		% CARL SHUHI 1450 SOUTHWEST 101	TU CTDEET		
DELRAY BEACH FL 33444-1253 DELRAY BEACH FL 33444-1253			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	·			07/09/1984	
2. Principal P	lace of Business	· 2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2464019	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		. Clastica Compaign Financing	\$5.00 May Be
City & State	le	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29	30	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Cur			10. Name and Address of New Registered	d Agent
			81 Name		
	IHI, CARL		82 Street	t Address (P.O. Box Number is Not Acceptable)	
	D SW 10TH ST				
DELI	RAY BEACH FL 33444		83		
			84 City	F	85 Zip Code
			totutos, the above named	d comparation submits this statement for the purpose (of changing its registered
44 Discount	to the provisions of Sections 607	0502 and 607 1508. Florida St			
office or r	to the provisions of Sections 607 registered agent, or both, in the Stirm familiar with, and accept the ob	ate of Florida, Such change wa	as authorized by the coff	poration's board of directors. I hereby accept the appe	ointment as registered
office or r	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change willigations of, Section 607.0505,	as authorized by the corp , Florida Statutes.	poration's board of directors. I hereby accept the appr	pintment as registered
office or r agent. I a SIGNATURE	registered agent, or both, in the St Im familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change Willigations of, Section 607.0505,	as authorized by the corp Florida Statutes.	required when reinstating) DATE	ontinent as registered
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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 trusteerempowered 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 emplowered. CITY-ST-ZIP

SIGNATURE: