FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90073 008 \*\*\*150.00

## 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

<ol> <li>Corporation</li> </ol>	MIZER INDUSTRIES, INC.						
Principal Place of Business Mailing Address					- I iddidit diad cute eccae come orac.	) Alëti Alali alaii es	
6093 CLARK CENTER AVE SARASOTA FL 34238		6093 CLARK CENTER AVENUE 6093 CLARK CENTER AVE. SARASOTA FL 34238			DO NOT WRITE IN THI	IS SPACE	
US	•	US			3. Date incorporated or Qualifed 12/28/1984		X
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2474415	<u> </u>	olied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22 City & State		27 City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	
Zip	Country 25	Zip 29 3	Country	<del></del>	This corporation owes the current year I     Personal Property Tax.		□No
24	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
			81	Name	-		
SHARFF, MARK J. 6093 CLARK CENTER AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
	ASOTA FL 34238		83		<u> </u>		
			84	84 City FL 85 Zip Code			
agent. I ar SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: F	la Statutes Registered Ager	nt signature required			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP NADY I	☐ DELETE 1.1.T				Gridingo	
NAME STREET ADDRESS	6093 CLARK CENTER AVE.			T ADDRESS			
CITY-ST-ZIP TITLE	V		1.4 CITY-S' 2.1 TITLE	3-21P		☐ Change	Addition
NAME			2.2 NAME				1
STREET ADDRESS	6093 CLARK CENTER AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	OLDLOOTI EL		2.4 CITY-5	ST-ZIP	•		
TITLE	\$	☐ DELETE 3.1 TI		- 1	•	~ ~.  Change	☐ Addition
NAME	• • • • • • • • • • • • • • • • • • • •		3.2 NAME				Ì
STREET ADDRESS	6093 CLARK CENTER AVE.		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY- S	ST- ZIP			Addition
TITLE		☐ DELETE	4,1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP				IT-ZIP		☐ Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME				_
NAME STREET ADDRESS	•			T ADDRESS			
Į Į			5.4 CITY-S				
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS	•		

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 tractee 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 attarpropring the anadogs is, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP