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

DOCU	JMENT	# .	IN1	21	A
	M			-	$\mathbf{\circ}$

 Corporation 	n Name											
HANDI-B	OY, INC.											
·												
Principal Place	e of Business			ailing Address								
1310 TRADEPOF				o tradeport drivi Cksonville FL 3221								
JACKSONVILLE US	FL 32218		US		0				DO NOT WRITE I	N THIS SPACE		
									3. Date Incorporated or Qualifed			
									02/26/1986			
Principal Pl			2a.	Mailing Address					4. FEI Number	L	- ' ' -	ied For
		CE STREET	26	101 E. S	STA.	re s	TREE	Γ	<u>59-2747261</u>			Applicable
Suite, Apt.	#, etc.		\vdash	Suite, Apt. #, etc.					5. Certifcate of Status Desired		/ 5 Adı e Regu	ditional
22			27	011 0 01 1-								-
City & State				City & State JACKSON	7 T T 1	יםו	FL		6. Election Campaign Financing Trust Fund Contribution		00 м ded to	
23 JACKS	SONVILI	E FL Country	28	Zip	/ T Tt]	و طا Countr					ieu to	1 665
Zip	202 [USA	29	32202	30	1170	•		This corporation owes the current y Personal Property Tax.	year intangible ☐ Yes	g	No
<u>24</u>] 32 <u>2</u>		nd Address of Curr			30				10. Name and Address of New Regi	stered Agent		-
······································						8	1 Name					
	ren, ellis					8:			B. TULLIS, ESQ			
1310 TRADEPORT DRIVE			0	2 31109	T'0'4	ss (P.O. Box Number is Not Acceptable) CYPRESS GREEN DR						
JACH	(sonville i	FL'32218				8	3 TA	CKS	ONVILLE, FL 3220	 2		
i I	Λ					8		CKD	ONVILLE, FL 5220.	log I	Zip Co	nde
	()						7			FL T		
11. Pursuant	to the provision	ns of Sections 607.0	502 and 6	07.1508, Florida Sta	atutes,	the abo	ve-named	corpor	ration submits this statement for the purpl's board of directors. I hereby accept the	ose of changin	g its re	gistered
office or n	egistered age m familiar wit	nn or poin, in the Stat Nandlaticent the oblid	e of Florid jations of,	ia. Such change wa , Section 607.0505,	is auth Florida	onzeu b Statute	y the corpo s.	orauon	is board of directors. Thereby accept the	s appointment a	o regio	,icrea
SIGNATURE	1	711/1/1/1/		GARY B.	TU	LLIS	, ES	QUI	.KE	4/6/9	9	
	Signature, typed o	ponted name of registered a			OTE: Re		ent signature r	equired v		DATE		0.101.40
12.	00	OFFICERS A	<u>IND DIRE</u>	CTORS DELETE		13.		PD	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	oge Oge	S IN 12
TITLE	PD			☐ DECETE		1.1 IIILE 1.2 NAME		ı		X-X	·3··	
NAME	WARREN,				j				K, TAI			
STREET ADDRESS		DEPORT DRIVE			•	1.3 STRE	ET ADDRESS	ΙΙΟ Ιτά	1 E. STATE STREET CKSONVILLE, FL 3	2202		ľ
CITY-ST-ZIP TITLE	JACKSON' VD	VILLE FL		☐ DELETE		2.1 TITLE		VD		2i ¥∃ Cha	nge	Addition
NAME	MAK, TAI					2.2 NAME		,	RREN, HAROLD L.	_	-	_
STREET ADDRESS		EPORT DRIVE					Et address .		1 E. STATE STREET			
CITY-ST-ZIP	JACKSON					2.4 CITY-	i			2202		
TITLE	VD	rick.	_	☐ DELETE		3.1 TITLE		ŠŤ		* Cha	nge	Addition
NAME	WARREN,	STEVE				3.2 NAME			RREN, ELLIS			
STREET ADDRESS		DEPORT DRIVE				3.3 STRE	ET ADDRESS		1 E. STATE STREET			}
CITY-ST-ZIP	JACKSON					3.4. C/TY-	-ST-ZIP	JA	CKSONVILLE, FL 322	202		
TITLE	STD			☐ DELETE		4.1 TITLE				☐ Cha	nge	Addition
NAME	WARREN,	ELLIS		-	Æ	4. 2 NAM	E	\				
STREET ADDRESS		DEPORT DRIVE				4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	JACKSON	VILLE FL				4.4 CITY-	ST-ZIP					
TITLE				☐ DELETE		5.1 TITLE				☐ Cha	nge	☐ Addition

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 corporation or the reserver 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, of a paragraphic statutes, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE REQUIRED

DELETE

☐ Change

☐ Addition