

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90036 009 ***150.00

DOCUMENT # **J04207**

1. Corporation Name

PRO MARK ENGINEERED PRODUCTS, INC.

Principal Place of Business

1500 N.W. 62ND STREET
SUITE 513
FT. LAUDERDALE FL 33309

Mailing Address

1500 N.W. 62ND STREET
SUITE 513
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1986

4. FEI Number

59-2673464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. --

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BAUER, WILLIAM S.
2671 NE 22ND COURT
POMPANO FL 33062

10. Name and Address of New Registered Agent

81 Name

BAUER, WILLIAM S.

82 Street Address (P.O. Box Number is Not Acceptable)

1500 NW 62ND STREET

83

SUITE 513

84 City

FT LAUDERDALE

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/99

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **BAUER, WILLIAM S.**
STREET ADDRESS **2671 NE 22ND COURT**
CITY-ST-ZIP **POMPANO FL 33062**

TITLE **D** ☐ DELETE

NAME **BAUER, WILLIAM S.**
STREET ADDRESS **2671 NE 22ND COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☒ Change ☐ Addition

1.2 NAME **BAUER, WILLIAM S.**
1.3 STREET ADDRESS **1500 NW 62ND STREET, SUITE 513**
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL. 33309**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **BAUER, WILLIAM S.**
2.3 STREET ADDRESS **1500 NW 62ND STREET, SUITE 513**
2.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

954-771-4171

Daytime Phone #

CR2E034 (11/98)