PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J27690



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90072 041 ***150.00

PACE PR	RODUCTS, INC.							
Principal Place	e of Business	Mailing Address				1 (55/10 9116 (15)) (35/6 5)/16 (5)/1 65/1 61	811 81816 81811 B1	ELL 8/811 81811 1883
333 SEMORAN COMMERCE PL 333 SEMORAN COMMERCE F APOPKA FL 32703 APOPKA FL 32703 US US						DO NOT WRITE IN THIS SPACE		
03		50				3. Date Incorporated or Qualifed		
						08/07/1986		
2. Principal Pl	lace of Business	2a. Mailing Address		-		4. FEI Number *		Applied For
21		26				59-2709299		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	+-	5 Additional Required
City & State	е	City & State				6. Election Campaign Financing	\$5.0)0 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip		ntry		8. This corporation owes the current year	_	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Register	ea Agent	
EDAN	NK MICHAEL J			"	name	_		
				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PACE PRODUCTS, INC. 333 SEMORAN COMMERCE PLACE				83				
	PKA FL 32703			63		_		
				84	City		EL 85 Z	ip Code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	autnonzeo	ועסנ	tne corporati	poration submits this statement for the purposion's board of directors. I hereby accept the ap	or changing pointment as	its registered registered
SIGNATURE								
O.O.O.O.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered	Agen	t signature require	ed when reinstating) DA75		
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Ageni	t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
					t signature require			
12.	OFFICERS AND	DIRECTORS	13.	TLE	t signature require		AND DIREC	
12. TILE	OFFICERS AND	DIRECTORS	13. 1.1 TI 1.2 No	TLE AME	t signature require		AND DIREC	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

MICHAEL FRANK-UP