Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90015 006 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PŖOFIT *CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1/044

1. Corporatio	TON INDUSTRIES, INC.	<u>'</u>			
Principal Place of Business		Mailing Address		1 105/01/1 21/1 02/01/1 1/04/1 1/04/1 1/04/1	
12550 NW 39TH STREET CORAL SPRINGS FL 33065 US		12550 NW 39TH STREET CORAL SPRINGS FL 33065 US		DO NOT WRITE IN	THIS SPACE
03		00		3. Date Incorporated or Qualifed	
				11/09/1987	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0046690	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24	25	29 3	o	Personal Property Tax.	☐ Yes 🛣 No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regis	tered Agent
			81 Name		
Brewster, Brad 12550 NW 39TH Street Coral Springs FL 33065			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			and the state of t		
			83		
			84 City		85 Zip Code
				•	FL 1
11. Pursuant office or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga BKADIEL W. BKEWST	of Florida. Such change was autitions of, Section 607.0505, Florid	la Statutes	poration submits this statement for the purpon's board of directors. I hereby accept the	appointment as registered
	Signature, typed or printed name of registered age	int and title if applicable. (NOTE/R) ND DIRECTORS	egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICE	
12.	PD OFFICERS AI	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BREWSTER, BRADLEY W	_	1.2 NAME	A AMAN	
STREET ADDRESS	1000 1011 101 11/2		1.3 STREET ADDRESS		
-	CORAL SPRINGS FL 33076		1,4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREWSTER, BRENT D	_	2.2 NAME		
STREET ADDRESS	4000 104 404 417	٠	2.3 STREET ADDRESS	سم حسيد الديداء ويحققندراء الدارات الرادي	·
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-ST-ZIP		į
TITLE	VPD	☐ DELETE	3.1 TITLE	11.00	Change Addition
NAME	KAYE, MARC B		: 3.2 NAME		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.3 STREET ADDRESS	e e e e e e e e e e e e e e e e e e e	A thing the late of
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4. CITY-ST-ZIP	1000 1000 200 200 200 200 200 200 200 20	(1) (1) (1) (1) (1)
TITLE	S	DELETE	4.1 TITLE	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.2 Change : Addition
NAME	KAYE, SUE L		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			5.3 STREET ADDRESS		
)		0.5 0 17 422 17 450 14200		Į.
			5.4 CITY-ST-ZIP	** * 15 12 **	
CITY-ST-ZIP		☐ DELETE		* 4. 2*	☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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:

STREET ADDRESS

CITY-ST-ZIP