Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90146 021 \*\*\*150.00

## 

D	OCUMENT	#	1 1	15	O	1	3
1.	Corporation Name		_	. •	•	•	J

Country

TESLA HOLDING CORPORATION

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

555 THE ESPLANADE

21

22

VENICE FL 34285

Mailing Address

664 BATHURST ST

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

TORONTO. ONTARIO MEJ 1Y3 M552R

26

27

28

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

8. This corporation owes the current year Intangible

09/07/1989

65-0165208

4. FEI Number

24	25	29	3	0		Personal Pr	орепу гах.	162	
•	9. Name and Add	ress of Current Registe	red Agent			10. Name and	Address of New Re	gistered Agent	
	AGIC, NEDD THE ESPLANADE			81	7	Address (P.O. Box Num	nber is Not Acceptabl	e)	
#502	<del>-</del>			83	i				
VENI	ICE FL 34285			84	City			85 Zip C	ode
				"	City			FL   "   Zp c	
office or r	edistered agent, or bo	ections 607.0502 and 607 th, in the State of Florida coept the obligations of, S	Such change was auth	orized by	the corp	corporation submits this oration's board of direct	s statement for the pu ors. I hereby accept t	rpose of changing its in the appointment as reg	registered jistered
SIGNATURE	=							DATE	}
40	Signature, typed or printed na	me of registered agent and title if a OFFICERS AND DIREC		13.	iii signature i	required when reinstating)	CHANGES TO OFFI	CERS AND DIRECTOR	2S IN 12
TITLE	PD	OFFICERS AND DIREC	DELETE	1.1 TITLE		T PD	GIANGES TO OFFIC	Change	Addition
	* <sup>-</sup>			1.2 NAME			EL AGOC		
NAME	VELAGIC, NEDD	יחרד שירפד				114 20	TELLIAST &	T	
STREET ADDRESS	1341 DUNDAS ST				TADDRESS	00725	2. 200	r NSSDR3	}
CITY-ST-ZIP	TORONTO, ONT.	M6J 1Y3		1.4 CITY-S	T-ZIP	TORKEN	701-1		
TITLE	VPD		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	VELAGIC, MICHAI			2.2 NAME					ļ
STREET ADDRESS	1341 DUNDAS ST			2.3 STREE	TADORESS				
CITY-ST-ZIP	TORONTO, ONT.	<u>M6J 1Y3</u>		2.4 CITY-5	ST-ZIP				
TITLE	VPD		☐ DELETE	3.1 TTTLE				Change	Addition
NAME	VELAGIC, BISERK	'A		3.2 NAME					
STREET ADDRESS	1341 DUNDAS ST	reet west		3.3 STREE	T ADDRESS				İ
CITY-ST-ZIP	TORONTO, ONT.	M6J 1Y3		3.4. CITY-5	ST-ZWP				
TITLE	STD		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	VELAGIC, JASMIN	IE .		4. 2 NAME		İ			
STREET ADDRESS	1341 DUNDAS ST	reet west		4.3 STREE	TADDRESS				
CITY-ST-ZIP	TORONTO, ONT.	M6J 1Y3		4.4 ÇITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	[			5.2 NAME					Ì
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY+ST-ZIP	}			5.4 CITY-S	T-ZIP				}
TITLE		<u></u> -	☐ DELETE	6.1 TT/LE				☐ Change	☐ Addition
NAME				6.2 NAME					1
STREET ADDRESS				6.3 STREE	TADORESS				ļ
CITY ST 7ID				6.4 CITY-S	T-ZIP				İ

Country

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 supplemented 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 impowered 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:

SICHATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)