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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State 02-10-1999 90052 030 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L79637 1. Corporation Name

INNEX MANUFACTURERS & EXPORTERS INC.

Principal Place of Business Mailing Address							- 100 11017 017 10010 10110 0710	B ikkik k oo k dia ki	<u>esest etest etest</u>	AIRIT BIRIT (AB)
5580 ENTERPRISE PKWY		551	5580 ENTERPRISE PKWY							
FT. MYERS FL 33905		FT	FT. MYERS FL 33905				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualife		SPACE	
							06/08/1990	eu		
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Number		I A	pplied For
21		26					16-1176406		<u> </u>	ot Applicable
Suite, Apt.	. #, etc.	1-01	Suite, Apt. #, etc.					· - ·		Additional
22		27					5. Certificate of Status Desired		Fee R	equired
City & Sta	te		City & State				6. Election Campaign Financin	g _ '	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country		Zip		untry		8. This corporation owes the c	urrent year In		
24	9. Name and Address of Curre	29	torod Aziont	30	T		Personal Property Tax. 10. Name and Address of Nev	y Ponistorod	Yes	No ·
	5. Name and Address of Curre	aur Kadis	tered Agent		81	Name	iv. Name and Address of Nev	v Registered	Agent	
LUM	ISDEN, DENNIS J.									
67 19	WINKLER RD	1			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
	ΓE 121				83			2 101. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NEC SIGN STATE	Sign gight (22)
FT. 1	MYERS FL FL 33919				لــــا					
					84	City	S. W. P. W. V. S.	FL	* 7 85 Zip	Code "
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508. Florida Stati	utes, the a	above	-named corpo	oration submits this statement for the	ne purpose o	- f changing its	registered
	registered agent, or both, in the Stat am familiar with, and accept the oblig						on's board of directors. I hereby acc	cept the appo	intment as re	egistered
agent. i a	ım tamıllar with, and accept the oblig	jauons oi,								
				ionaa ota	iuies.					
SIGNATURE	Signature, typed or printed name of registered ag						d when reinstating)(: 구역장)	OATE		
SIGNATURE	Signature, typed or printed name of registered ac	pent and title	if applicable. (NO		d Agent		d when reinstating); / [5]5a; } ADDITIONS/CHANGES TO (ND DIRECTO	DRS IN 12
		pent and title	if applicable. (NO	TE: Registere	d Agent		ADDITIONS/CHANGES TO C		ND DIRECTO	DRS IN 12 ☐ Addition
12.	OFFICERS A	pent and title	if applicable. (NO	TE: Registered	d Agent					
12.	OFFICERS A D POSMA, BONNE W. 5580 ENTERPRISE PKWY	pent and title	if applicable. (NO	TE: Registered 13. 1.1 T 1.2 N	d Agent		ADDITIONS/CHANGES TO C			
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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 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 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 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption of the corporation or the exemption of the exempti

6.4 CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

941-693-7200