

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90050 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998

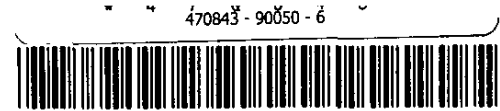


FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M79115 (5)  
1. Corporation Name  
BIRD PRODUCTS, INC.

Principal Place of Business  
311 N.E. 44TH COURT  
POMPANO BEACH FL 33064

Mailing Address  
311 N.E. 44TH COURT  
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 109 S.E. 3RD CT

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 7

27

City & State

City & State

23 DEERFIELD BEACH FL

28

Zip

Country

Zip

Country

24 33441

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/03/1988

4. FEI Number

65-0045311

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

PECHONIS, PHILIP M.  
311 NE 44TH CT.  
POMPANO BEACH FL 33064

81 Name PECHONIS, MICHAEL A.

82 Street Address (P.O. Box Number is Not Acceptable)  
311 N.E. 44TH CT

83

84 City POMPANO BEACH

FL

85 Zip Code  
33064

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]*

MICHAEL A. PECHONIS VP

4-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME PECHONIS, PHILIP M.  
STREET ADDRESS 311 NE 44TH CT.  
CITY-ST-ZIP POMPANO BEACH FL 33064

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME GIOMMONI, FRANCO  
1.3 STREET ADDRESS 6674 SWEET MAPLE LANE  
1.4 CITY-ST-ZIP BOCA RATON FL. 33433

TITLE V ☐ DELETE  
NAME PECHONIS, MICHAEL A.  
STREET ADDRESS 311 N.E. 44TH CT.  
CITY-ST-ZIP POMPANO BCH FL

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME GIOMMONI, LORETTA  
2.3 STREET ADDRESS 6674 SWEET MAPLE LANE  
2.4 CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME RENEE PECHONIS, RENEE Y.  
3.3 STREET ADDRESS 311 N.E. 44TH CT  
3.4 CITY-ST-ZIP POMPANO BEACH FL. 33064

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4-29-99 954/943-2473

CR2E034 (10/97)