

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90036 003 ***150.00

DOCUMENT # **P08115**

1. Corporation Name
CITATION PRODUCTS, INC.



Principal Place of Business

**301 ASBURY WY
BOCA WOODS
BOYNTON BEACH FL 33426
US**

Mailing Address

**301 ASBURY WY
BOCA WOODS
BOYNTON BEACH FL 33426
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1985

2. Principal Place of Business

21 11784 Castellon Court

2a. Mailing Address

26 11784 Castellon Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

38-1716359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

24 33437 25 US

Zip Country

29 33437 30 US

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINES SAUL R

20411 BRIDGE VIEW DR

11784 Castellon Court

1

BOCA RATON FL 33428

Boynton Beach, FL 33437

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 **VP** ☐ DELETE

NAME **GAINES, ROBERT**

STREET ADDRESS **301 ASBURY WY**

CITY-ST-ZIP **BOYNTON BEACH FL 33426**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11784 Castellon Court

Boynton Beach, FL 33437

☒ Change ☐ Addition

TITLE **P** ☐ DELETE

NAME **GAINES, SAUL R.**

STREET ADDRESS **301 ASBURY WY**

CITY-ST-ZIP **BOYNTON BEACH FL 33426**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11784 Castellon Court

Boynton Beach, FL 33437

☒ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **FRIEDLER, JOY**

STREET ADDRESS **301 ASBURY WY**

CITY-ST-ZIP **BOYNTON BEACH FL 33426**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

11784 Castellon Court

Boynton Beach, FL 33437

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Saul R. Gaines **SAUL R. GAINES**

3/9/99

561 3748670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)