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

DOCUMENT # P24927

ALATEC PRODUCTS, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90074 015 ***150.00



Principal Place of Business			Mailing Address				I INDICATE THE TRACE SECTION STATES OF	Tt Bikti Bibit Atbit Aibit	#1#17 #1 # 11 1#21
21123 NORDHOFF STREET 21123 NORDHOFF STREET			23 NORDHOFF STREET						
			ATSWORTH CA 91311	₹TH CA 91311			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							•		
0.0::::::::::::::::::::::::::::::::::::			2a. Mailing Address				06/26/1989 4. FEI Number Applied For		
2. Principal Place of Business			26. Mailing Address				95-2748943	<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			+	30-2140340		Additional
Suite, App.,#,,etc			The same of the sa			≛ محنب	5.= Certifcate of Status Desired		equired
City & State			7 City & State			-+	6. Election Campaign Financing	\$5 00	May Be
23		28	ony a ciano				Trust Fund Contribution	1	to Fees
Zip	Country		Zip Cou				8. This corporation owes the current	year Intangible]
24	25	29 30		5				□No	
	9. Name and Address of Cu	rrent Regis	tered Agent				Name and Address of New Regi	stered Agent	
				81	Name)	•		
CT CORPORATION SYSTEM			82	Street	Address	Address (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD									
PLANTATION FL 33324			83						\ \
			84	City		85 Zip Code			
					′			FL	
office or r	to the provisions of Sections 607 egistered agent, or both, in the S n familiar with, and accept the ol	tate of Florio	da. Such change was auth	onzed by	the corpo	d corpora poration's	tion submits this statement for the pur board of directors. I hereby accept th	pose of changing it e appointment as re	s registered egistered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent						required wh	en reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OBS IN 12
12.		S AND DIRE	CTORS DELETE	13.		T. 1502	PRESIDENT	Change	
TITLE	P		C. DELETE	1.1 TITLE				C onange	
NAME	HOI, DONALD			1.2 NAME		BRIAN FONTANA DRESS 10375 RICHMOND AVE, SUITE 700			
STREET ADDRESS	1 0000 112220021 011112								
CITY-ST-ZIP	CALABASAS CA 91302			14 CHY-S	T-ZIP		SECRETARY , Change DAddi		
TITLE :	3			2.1 TITLE		200	PALCE IN TATEA		
NAME	PERL, RUTH			2.2 NAME		DRU	15 RICHMOND AVE., SU	ITE 700	
STREET ADDRESS	9841 AMESTOY AVENUE				FADDRESS	LIN	15TON, TX 77042 _		
CITY-ST-ZIP	NORTHRIDGE CA 91325		□ DELETE	2. 4 CITY-S 3.1 T/TLE	T-ZIP		SISTANT SECRETARY		Addition
TITLE			□ vere≀e					gra change	
NAME				3.2 NAME		, au	TH PERL. HI AMESTOY AVENU	E '	1
STREET ADDRESS				3.3 STREET	TADORESS	100	HI AMESIUT NICHA	_	

3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 41TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CTTY-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, with all other like empowered.

SIGNATURE:

Daytime Phone #