

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P39598

1. Corporation Name
FOUNTAINHEAD TECHNOLOGIES, INC.

Principal Place of Business

3420 NW 53RD ST
FT LAUDERDALE FL 33309
US

Mailing Address

3420 NW 53RD ST
FT LAUDERDALE FL 33309
US

FILED

99 AUG 31 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1992

4. FEI Number

04-2800924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

81 Name CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number, if Not Applicable) 200002977262--9

83 1201 HAYS STREET -09/02/99--01072-010

84 City TALLAHASSEE ***550.00 ***550.00

85

Zip Code

FL 32301

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 *Katherine Harris*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~CPT-PD~~ ☒ DELETE

NAME JAMES AMTMANN
STREET ADDRESS 3420 NW 53RD ST
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ~~T~~ ☒ DELETE

NAME LAURIE J MISNER
STREET ADDRESS 1100 SW 13TH ST
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ~~VP~~ ☐ DELETE

NAME PALMER, JAMES E
STREET ADDRESS 52 LLOYD AVE
CITY-ST-ZIP PROVIDENCE RI

TITLE ~~D~~ ☐ DELETE

NAME ELKINS, HOWARD F
STREET ADDRESS 2887 WYNGATE NW
CITY-ST-ZIP ATLANTA GA

TITLE ~~D~~ ☒ DELETE

NAME EDMUNDSON, DANIEL C
STREET ADDRESS 90 PARK AVE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

JACK LACEY

7685 HIGHLANDS CIRCLE
Margate, Florida 33063

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Jean Marc Daillance

48 Boulevard Gallien

9237 Issy Les Moulinaux, Cote d'Azur, FRANCE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VP

RAYMOND DENKEWICZ

222 Larchwood Drive

Warwick, RI 02886

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TS

Jeff Leopardi

6315 NW 43rd Terrace

Coconut Creek, Florida 33073

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SP

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: *Jeff Leopardi* JEFF LEOPARDI

August 19, 1999

954357900

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (5/99)