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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010157

1. Corporation Name ACRYL-TECH, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90239 017 ***150.00



Principal Place	of Business	Mailing Address						
3007 LITTLE RO	DAD	3007 LITTLE ROAD						
VALRICO FL 33594-5921		VALRICO FL 33594-5921						
US		US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 12/07/1992		
2. Principal Pl	lace of Business	2a. Mailing Addres	5S			4. FEI Number	A	pplied For
21		26			•	59-3153875	N-	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, 6	etc.				\$8.75	Additional
22	n, 5.0.	27				5. Certifcate of Status Desired	* -	equired
City & State	Δ	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year li		
		⊢ –	30	30 0 1141 y		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren	29	30	Е		10 Name and Address of New Registered		
	9. Name and Address of Curren	it Kegistered Agent		81	Name	10. Hame and Hadisəs of Health Registration		
СНА	mblin, stephen c			"				
	LITTLE ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		}
				\perp				
VALI	RICO FL 33594-5921			83				
				84	City		85 Zip	Code
					'	F		<u></u>
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, th	e above	e-named cor	poration submits this statement for the purpose of	of changing its	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligations.	or Florida. Such change tions of Section 607.05	605. Florida S	zeo by Statutes	tile corporat	ion's board of directors. I hereby accept the app	Sittinone as re	Sgistorou
								- [
SIGNATURE	Signature, typed or printed name of registered ager							 i
	Olditatore, types or bringer travile or registered ago.	nt and title if applicable.	(NOTE: Regist	ered Ager	nt signature requi	red when reinstating) DATE		
12.		ID DIRECTORS	· · · · · · · · · · · · · · · · · · ·	ered Ager	nt signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12 .			Ĭ.		nt signature requi	rea miles remotering/	ND DIRECTO	ORS IN 12
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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 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 changes, or on arrange them in an address, with all other like empowered.

SIGNATURE: