PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P92000010780

1. Corporation Name

SPHERE TECH., INC.

Principal Place of Business

Mailing Address

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

04-14-1999 90021 014 ***150.00



1202 BRIGADOON DRIVE 1202 BRIGADOON DRIVE CLEARWATER FL 34619 **CLEARWATER FL 34619** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1992 2a. Mailing Address 26 Po Box 1159 Applied For 4. FEI Number 2. Principal Place of Business 21702 59-3162117 Not Applicable MIMS WAY 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution PASCO 8...This corporation owes the current year Intangible... **⊠**No Personal Property Tax. ☐ Yes 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAKER, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 82 1202 BRIGADOON DRIVE MINS **CLEARWATER FL 34619** 83 Zip Code 84 City 85 UTZ 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) CR2E034./11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE BAKER, ELIZABETH A. 1.2 NAME NAME 21702 HIHS WAY 1202 BRIGADOON DRIVE 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL FL 33549 1.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE ☐ Addition VTD 2.1 TITLE TITLE **CSATARY, MARIKA** 2.2 NAME NAME 21702 HIMS WAY 1202 BRIGADOON DRIVE 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL Lutz FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 3.1 TITLE ☐ Change TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 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 TITI F 52 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

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR