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FILED

Feb 08, 1999 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

02-08-1999 90002 001 ***150.00

DOCUMENT # P93000018149

1. Corporation Name

AMERICAN LOKRING CORPORATION

Principal Place of Business

2525 DUNDEE RD.
WINTER HAVEN FL 33884
US

Mailing Address

2525 DUNDEE RD.
POST OFFICE BOX 673
WINTER HAVEN FL 33882-0673
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

59-3179555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, JAMES E

ACKERMAN, SENTERFITT & EIDSON, P.A.
255 SOUTH ORANGE AVE 17TH FLOOR
ORLANDO FL 32802

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

TITLE P ☐ DELETE

NAME TINKLER, JEFFREY
STREET ADDRESS 2525 DUNDEE ROAD
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME HACKFORTH, BERND
STREET ADDRESS D-4690 HERNE
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY

TITLE D ☐ DELETE

NAME FALZ, ULRICH
STREET ADDRESS D-4690 HERNE
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY

TITLE D ☐ DELETE

NAME SCHWAIM, DIETER
STREET ADDRESS D-4690 HERNE
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY

TITLE T ☐ DELETE

NAME GREEN, BARBARA
STREET ADDRESS 2525 DUNDEE RD
CITY-ST-ZIP WINTER HAVEN FL

TITLE AS ☐ DELETE

NAME FOSTER, JAMES E
STREET ADDRESS 201 N. ORANGE AVE SUITE 600
CITY-ST-ZIP ORLANDO FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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

Barbara L. Green, CEO

01-12-99

941-324-2424

Date

Daytime Phone #

CR2E034 (11/98)