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PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of St

DIVISION OF CORPO ATIONS

DOCUMENT #

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officer or director of the corporation of Block 12 or Block 13 if changed, or c

SIGNATURE:

POLAR TECH, INC.

Principal Place of Business	Mailing Address
16776 GOLFVIEW DRIVE	16776 GOLFVIEW DRIVE
FT. LAUDERDALE FL 33326	FT. LAUDERDALE FL 33320

FILED Feb 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

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3. Date Incorporated or Qualified 03/11/1993 2s. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0402372 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zin Country Country 700 8. This corporation owes or has paid the current year Intangible X Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOFFI. EMILIO V 16776 GOLFVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33326 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE 1.1 Time GOFFI, EMILIO V NAME 1.2 NAME 16776 GOLFVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33326 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 DITE TITLE GOFFI, SUSANA M NAME 2.2 NAME 16776 GOLFVIEW DRIVE 2 3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33326 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information or is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee enum wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an approximation. 14. I hereby certify that the information supplies with the indicated on this annual report or supply nental arms

EMILIO V. GOFFI