FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024566 (0)

ULTRA PRODUCTS INCORPORATED

Principal Place of Business

FILED Apr 30 1998 8:00am Secretary of State



Frincipal Flac	e or business	Mailing Address						
12004 RACE			004 RACE TRACK ROAD					
TAMPA FL 33626		TAMPA FL 33626			DO NOT WRITE IN THIS SPACE			
US		US	US		3, Date Incorporated or Qualified			
}						lailleu		
9. Principal P	lace of Business	2s. Mailing Address			04/01/1993 4. FEI Number			nation For
			001-					pplied For
21 14230 Carlson Circle 26 14230 Cm Suite, Apt. #, etc.			HKYZON C	ircle	59-3171410	·		ot Applicable
22		27	7 7 700		5. Certificate of Status Des	ired 🗌		Additional lequired
City & State City & State					6. Election Campaign Final		··	
23	:	28			Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or			
24	25	29	30		Personal Property Tax d			No
	g. Name and Address of Current		1		10. Name and Address of			
STI	UHL; MARTIN		81 Na	me				
	004 RACE TRACK ROAD		20 0	t A - l - l	(C O D N 1 1 1 N 1 1		_	
	82 Str	2.3	ss (P.O. Box Number is Not A	cceptable)	1 12			
''"	MPA FL 33626		83		O ONKISON		<u>. L V</u>	
			84 Cit	У		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statul	es, the above-nan	ned corpo	ration submits this statement	for the purpose of	Changing i	its registered
I Office of ri	egistered agent, or both, in the State of manifer with, and accept the obligation	i Florida. Such change was i	authorized by the	corporatio	on's board of directors. I hereb	y accept the app	ointment as	registered
1 -	m rammar with, and needly the obligati	ons or, section doz.usus, ra	orioa Statutes.					ļ
SIGNATURE	Signature, typod or pritted name of registered ascert.	and the if applicable (NO)	E: Registered Agent sign	ature required	1 when reinstating\	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO		DIRECTOR	RS IN 12
TITLE	Ō	DELETE	1.1 TITLE		1	<i>y</i> 011.102.107.1142	Change	Addition
NAME	BROCKMAN, MAXINE		1.2 NAME	ı				
STREET ADDRESS	2 EXECUTIVE DR. #3		1.3 STREET ADDRE	ss				
CITY-ST-ZIP	MOORESTOWN NJ 08057		1.4 CITY - ST - ZIP					
TITLE	PST	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	STUHL, MARTIN		2.2 NAME				_ `	
STREET ADDRESS	12004 RACE TRACK ROAD		2.3 STREET ADDRE	ss 14	230 CARLSO	n cre	LELE	-
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		Chikkou			
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME		•		_ •	
STREET ADDRESS			3.3 STREET ADDRE	ss				,
CITY-ST-ZIP			3.4. CITY-ST-ZIP	1	,			į
TITLE		DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		— -	4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	22:				
CITY-ST-ZIP	*		4.4 CITY+ST-ZIP	.00				
TITLE		☐ DELETE	5.1 TITLE		······································		Change	☐ Addition
NAME			5.2 NAME				onungo	LI MONITORI
STREET ADDRESS								
CITY-ST-ZIP	. 1		5.3 STREET ADDRE	00				İ
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE				Change	Addition
NAME								ADDITION
			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRE	SS				İ
CITY-ST-ZIP		Allia Clara plana pet pro-100 d	6.4 CITY-ST-ZIP	1	440.05(0)(1) 5(0)	 		

I nereby 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 suppliemental 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 chapter, or or an attachment with an address.