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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90021 038 ***158.75

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000052878**1. Corporation Name

AUER PRODUCTS, INC.

Principal Plac 1811 CHINOOK MAITLAND FL : US	CDR.	Mailing Address 1811 CHINOOK DR. MAITLAND FL 32751 US			DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE	
2 Principal P	Place of Business	2a. Mailing Address			07/22/1993 4. FEI Number	110	plied For
21	lace of Busiliess	26			59-3198604		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			39-3 (90004	\$8.75	
22	,	27			5. Certifcate of Status Desired	Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current	t year Intangible	
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Reg	istered Agent	
100	ETT IN THOMAS		81	Name			
LOVETT, W. THOMAS 200 E. ROBINSON STREET		82	Street A	Address (P.O. Box Number is Not Acceptable	e)		
	TE 500		83	-		/ 1 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	ANDO FL 32801		ိ		- · · · · · · · · · · · · · · · · · · ·		
}	7.11.00 12 02001		84	City	** * * * * * * * * * * * * * * * * * *	85 Zip 0	Code
44 Durauant	to the provisions of Sections 607.05	00 and 607 1509. Florido Statute	os the show	o named a	corporation submits this statement for the pu	TL	rogistorod
i ii. Fuisuaiii	to the provisions of Sections out to	oz alid bor. 1500, Florida Statute	es, the above	ernanneu c		he annointment as re	aistered
office or r	egistered agent, or both, in the State	e of Florida. Such change was at	uthorized by	the corpor	ration's board of directors, I hereby accept ti	no appointment do to	9.0.0.00
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized by rida Statutes	the corpo	ration's board of directors. I hereby accept the	по арроппатот со то	9.0.0.00
office or r	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes	· ·	, , , , , , , , , , , , , , , , , , ,		
office or r agent. I a	im familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Flor	rida Statutes	· ·	quired when reinstating).	DATE	
office or r agent. I a SIGNATURE	im familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	rida Statutes Registered Ager	· ·	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE	
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	rida Statutés Registered Ager	· ·	quired when reinstating).	DATE CERS AND DIRECTO	DRS IN 12
office or r agent. I a SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME	· ·	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME	t signature red	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A DP AUERBACH, LEITA C	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE	t signature red	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	t signature red	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE	t signature red	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	nt signature reconstruction of ADDRESS T-ZIP TADDRESS ST-ZIP	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agen 13.	T ADDRESS T ADDRESS T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PARKENET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Agen 13.	T ADDRESS T ADDRESS T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Agen 13.	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Ager 13.	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Ager 13.	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Ager 13.	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Ager 13.	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S 6.1 TITLE 5.5 NAME 5.6 TITLE 5.6 TITLE 5.6 TITLE 5.7 NAME 5.7 NAME 5.8 TREE* 5.8 TREE* 5.8 TREE* 5.9 NAME 5.9 TITLE 5.9 NAME 5.9 TITLE 5.9 NAME 5.9 TITLE 5.9 TITL	T ADDRESS	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP AUERBACH, LEITA C 1811 CHINOOK TRAIL MAITLAND FL 32751 ST FETNER, DIONE L 332 FALLING LEAF WAY	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Ager 13.	T ADDRESS T-ZIP	quired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP