

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000007513 (2)**

1. Corporation Name  
**MOST WANTED PRODUCTS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 14 AM 11:40



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2750 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33306**

Mailing Address  
**2750 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33306**

2. Principal Place of Business  
21. 1500 N. Federal Highway  
Suite, Apt. #, etc.  
22. Suite 200  
City & State  
23. Fort Lauderdale, FL  
Zip  
24. 33304  
Country  
25. USA

2a. Mailing Address  
26. 1500 N. Federal Highway  
Suite, Apt. #, etc.  
27. Suite 200  
City & State  
28. Fort Lauderdale, FL  
Zip  
29. 33304  
Country  
30. USA

3. Date Incorporated or Qualified  
**01/31/1994**

4. FEI Number  
**65-0511220**

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 or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHRISTIANSEN, MICHAEL ERIC  
2750 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81. Name  
**Michael Eric Christiansen**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1500 N. Federal Highway, Suite 200**

83.

84. City  
**Fort Lauderdale**

85. Zip Code  
**FL 33304**

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D WALSH, JOHN  
5151 WISCONSIN AVENUE N.W.  
WASHINGTON DC 20016**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D HEFLIN, LANCE  
5151 WISCONSIN AVENUE N.W.  
WASHINGTON DC 20016**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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.

SIGNATURE:

*[Signature]* 9-10-99