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

PROFIT CORPORATION. ANNUAL MEPORT

1997



FLOŘÍDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012134 (0)

BARET VALVE CORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 23 PH 2: 51



| Principal Place of Business Mailing Address | | | | | | | | | | |
|--|---|--------------------------------|-------------------------------------|---------------|--|---|------------------------------------|---------------------|---|-------|
| BOX 286, 5221 OCEAN BLVD SUITE 1 SARASOTA FL 34242 BOX 286, 5221 OCEAN BL SUITE 1 SARASOTA FL 34242-3316 | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 02/10/1994 | 3a. Date of L 06/12/19 | | port | |
| | Place of Business | 2a. Mailing Address | | | | 4. FEI Number Applied | | | | _ |
| 21 | | | 26 P 0 Box 437 Suite, Apt. #, etc. | | | NOT APPLICABLE | Not Applicable | | | |
| Sulte, Apt. | | 27 | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | | 28 BULAWMO | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip | Country | | | Country | | 8. This corporation has liability for intangible tax under s. 199.03 | | | 199.032, | |
| 24 | 25 | 29 | 30 | Zim | SAMUSE | | Yes No | | | ╛ |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | TERS, CLIFFORD L | | | 81 | Name | | | | | |
| | 11TH STREET WEST | | | 82 | Street Add | et Address (P.O. Box Number is Not Acceptable) | | | | 1 |
| BRA | DENTON FL 34205 | | | | | 500002 -07/29 | 2505 | 25 | | H |
| | | | | 83 | | -07/29 | 797D10i | 51 | -006 🗀 | '∐ |
| | | | | 84 | City | ************************************** | 65,00 e# | 331 | \$5.00 | 7 |
| office or r | to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl | ite of Florida. Such cha | inge was autho | rized by | the corpora | poration submits this statement for the pition's board of directors. I hereby accep | urpose of chang t the appointme | jing its nt as r | registered egistered | 1 |
| SIGNATURE | and the second | ganons on coonsil ps | 10000,1101101 | Olaio.o. | • | | | | | ļ |
| SIGNATURE | Signature, typed or printed name of registered | agent and little if applicable | (NOTE: Reg. | stered Age | ent signature requ | ired when reinstating) | DATE | | | ╝. |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |]8 |
| TITLE | P DELETE | | DELETE | 11 TITLE | | | ☐ Ch | ange | Addition | Ş |
| NAME | SULLIVAN, JOHN L. | AT ATEC D. | 1.2 N | | \ \ | | | | | 3 |
| STREET ADORESS | 19 STEELWORKS ROAD WE | I, STEELDALE | | | ADDRESS | | | | | إ |
| CITY-ST-ZIP | BULAWAYO, ZIMBABWA | | | 1.4 CITY - S | T- ZIP | | | | | _ 6 |
| TITLE | | | DELETE | 2.1 TITLE | | | Ch | ange | Addition | C |
| NAME | | | 1 | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | 1 | 2.3 STREET | ADDRESS | | | | | Ì |
| CITY-ST-ZIP | | | | 2. 4 CITY - : | ST-ZIP | | - | | | 4 |
| TITLE | | | 3.1 TITLE | | | ☐ Ch | ange | Addition | ł | |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY - : | ST-ZIP | | ····· | | T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4 |
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| NAME | | | | 4. 2 NAME | Ì | | | | | |
| Street address (| | | | 4.3 STREET | 1 | | | | | } |
| CITY-ST-ZIP | , , , , , , , , , , , , , , , , , , , | | | 4 4 CITY - S | 1-ZIP | | TTo | | T Lagger | 4 |
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| NAME | | | | 5.2 NAME | | | | | | |
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| CITY-ST-ZIP | | | | 5.4 CITY - S | T-ZIP | | | | T kare | 4 |
| TITLE | | [] 1 | | 6.1 TITLE | | | Ch | ange | Addition | |
| NAME | | | | 6.2 NAME | | | | | | |
| STREET ADORESS | _ | | 63 STREET A | | | | | įV | MW | ŀ |
| CITY-ST-ZIP | | | | 6.4 CITY - S | T-ZIP | | | 547 | ' AA 141 | 7, |

I do hereby certify that the information supplied with this filling 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 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 collegation 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 thinged, or on an attachment with an address.