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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000022763**1. Corporation Name

SPRING LOADED, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90014 034 ***150.00



Principal Plac	e of Business	Mailing Address					kaisi aksii #9iii	s stráta trate seata	01108 1111 1881
611 COMMERCE WAY SUITE G JUPITER FL 33458		611 COMMERCE WAY SUITE G JUPITER FL 33458		DO NOT WE	RITE IN THIS	S SPACE			
US		US		3. Date Incorporated or Qualifed					
						03/23/1994	•		
2. Principal P	Place of Business	2a. Mailing Address	- 1			4. FEI Number Applied For			
21		26			65-0476549			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	1	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	intry		8. This corporation owes the cu	irrent year In		
24	25	29 30				Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New	Registered	Agent	
. KINBERGER, CHARLES R				"	Name				
	COMMERCE WAY SUITE G			82 Street Addr		ess (P.O. Box Number is Not Accep	otable)		
	ITER FL 33458			83		1 4 1 5 5 5 5 1 1 1 1 1	700 60 600	33 33 24	
•									洲线期深
				84	City	()), (), ()	FL	85 Zip (Códe
11. Pursuant	tottle provisions of Sections 607.050.	2 and 607.1508, Florida Statute	s, the a	bove-	named corpo	pration submits this statement for th	e ouroose o	f changing its	registered '
office of	registered agent, or both, in the State	of Florida. Such change was au	ithorized	by th	he corporation	n's board of directors. I hereby acc	ept the appo	intment as re	gistered
	A Designation of the second se	MARX KOWA		-5		RESIDENT	\times	Ada	
SIGNATURE	Standare, typed or subsite name or registered agen			Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	DPT	☐ DELETE	1.1 11	TLE		354 C		Change	Addition .
NAME	KINBERGER, KAREN B		1.2 NA	AME					•
STREET ADDRESS			1.3 \$7	REET A	ADORESS			:	
CITY-ST-ZIP	JUPITER FL		1.4 CI	TY-ST-	ZIP				
TITLE	DVS	☐ DELETE	2.1 TI					Change	Addition
NAME	KINBERGER, CHARLES R	•	2.2 NA	AME					
STREET ADDRESS	• · · • • · · · · · · · · · · · · · ·		2.3 \$1	TREET A	ADDRESS		٠,		
CITY-ST-ZIP	JUPITER FL	Florier	_	ITY-ST	-ZIP			Change	Addition
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STREET ADDRESS				AME					
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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, with all other like empowered.