

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90182 022 ***150.00

DOCUMENT # P94000038415

1. Corporation Name

ROTEK TECHNOLOGIES, INC.

Principal Place of Business

**1800 N US HWY ONE
ORMOND BEACH FL 32174**

Mailing Address

**1800 N US HWY ONE
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1994

4. FEI Number

59-3247216

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**ATANASOSKI, JOSIF
1800 N US HWY ONE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

Atanasoski, John

82 Street Address (P.O. Box Number is Not Acceptable)

1800 U.S. 1 North

83

84 City

Ormond Beach

FL

85 Zip Code

32174

11. 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 **John Atanasoski**

3-3-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **ATANASOSKI, JOSIF**
STREET ADDRESS **1800 N US HWY ONE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **Atanasoski, John**
1.3 STREET ADDRESS **1800 U.S. 1 North**
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

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, with all other like empowered.

SIGNATURE:

John Atanasoski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Atanasoski

3/3/99

Date

904-677-8100 x102

Daytime Phone #

CR2E034 (1/98)