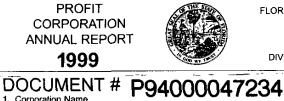
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

PLEFEN INCORPORATED

STREET ADDRESS



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 90244 024 ***150.00

Principal Place of Business Mailing Address						- 100310081 118 (8311 04011 6911) 60111 60111 6	#(1) # (8)(18818	825	in and tags
208 ARANDA ST NE		208 ARANDA ST NE							
ST PETERSBURG FL 33704		ST PETERSBURG FL 33704				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	IIO OI NOL		
						06/20/1994			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		Appl	lied For
21		26				59-3254302		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	75 Ad	Iditional	
22		27				5. Certificate of Status Desired	Fe	e Req	uired
City & State	e	City & State			6. Election Campaign Financing	•		lay Be	
23		28			Trust Fund Contribution		ded to	Fees	
Zip	Country Zip Cou			ТУ		8. This corporation owes the current year		г	⊒No
24	25	29 30	0			Personal Property Tax. 10. Name and Address of New Register	Yes		7100
	9. Name and Address of Current	Registered Agent	-	1 Nam		10. Name and Address of New Register	ea Agent		
ΙΔΝΊ	TOS, EDWARD J			IValli					
	62ND AVE S		2 Stree	et Addre	ss (P.O. Box Number is Not Acceptable)	**			
	ETERSBURG FL 33712		8	3					
0	21211000112 1 2 3 3 1 2								
			8	4 City			85	Zip Co	ode
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	norized b	y the co	d corpo poration	ration submits this statement for the purpose i's board of directors. I hereby accept the ap) of changin pointment a	g its re is regi:	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent signatui	e required	when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	STD	☐ OELETE	1.1 TITLE				Cha	nge	☐ Addition
NAME	MAINENTI, FRANK		1.2 NAM						
STREET ADDRESS	208 ARANDA ST NE		13 STRE	ET ADDRES	s				
CITY-ST-ZIP	ST PETERSBURG FL 33704		14 CITY	_	+		[] Cha		Addition
TITLE			2.1 TITLE					nge	∐ Addition
NAME	MAINENTI, PRISCILLA		2.2 NAMI						
STREET ADDRESS	208 ARANDA ST NE		1	ET ADDRES	iS 			-	
CITY-ST-ZIP	ST PETERSBURG FL 33704	☐ DELETE	2.4 CITY		+		[T] Cha	nge	Addition
TITLE		□ pereie	3.1 TITL8					90	
NAME			i	ET ADDRES					
STREET ADDRESS					NO .				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE				Cha	nge	Addition
NAME			4. 2 NAM				_	-	_
STREET ADDRESS				ET ADDRES	ss				
		!	4.4 CITY		~				
CITY-ST-ZIP TITLE		☐ DELETÉ	5.1 TITUE		+		☐ Cha	nge	Addition
NAME		- ·	5.2 NAM				. –		
STREET ADDRESS				ET ADDRES	ss	· _ ·			1
CITY-ST-ZIP			54 CITY	ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	 			Cha	nge	☐ Addition
NAME			6.2 NAM	.					

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.

aNE E. Mainenti 2/8/99 (722821-0685 SIGNATURE: 7

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP