

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90001 004 ***550.00

DOCUMENT # **P94000081926**

Corporation Name

FKS INTERNATIONAL, INC.



Principal Place of Business

**862 COASH RD.
SARASOTA FL 34241**

Mailing Address

**8262 COASH RD.
SARASOTA FL 34241
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

Principal Place of Business

5556 Briar Creek Way

Suite, Apt. #, etc.

2a. Mailing Address

5556 Briar Creek Way

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34235

Country

US

Zip

34235

Country

US

4. FEI Number

65-0528467

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.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**SHEA, PATRICK A
8262 COASH RD.
SARASOTA FL 34241**

10. Name and Address of New Registered Agent

81. Name

Shea, Patrick A.

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

5556 Briar Creek Way

83.

84. City

Sarasota

FL

85. Zip Code

34235

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

Patrick A. Shea

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. **D** ☐ DELETE
SHEA, PATRICK A
8262 COASH RD.
SARASOTA FL 34241

2. **D** ☐ DELETE
SHEA, SUZANNE
8262 COASH RD.
SARASOTA FL 34241

3. ☐ DELETE

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Shea, Patrick A**
1.3 STREET ADDRESS **5556 Briar Creek Way**
1.4 CITY-ST-ZIP **SARASOTA, FL 34235**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Shea Suzanne**
2.3 STREET ADDRESS **5556 Briar Creek Way**
2.4 CITY-ST-ZIP **SARASOTA, FL 34235**

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

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 dictated 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

Patrick A. Shea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

941-341-0710

Date

Daytime Phone #

CR2E034 (5/99)

0103215