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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

į.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055583 (5) OZO-TEK INTERNATIONAL, INC. Principal Place of Business Mailing Address 1075 LEXINGTON COURT 1075 LEXINGTON COURT **LARGO FL 33771** LARGO FL 33771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-3327846 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent MICHAEL, CHUCK 1075 LEXINGTON COURT 62 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33771** 83 City Zip Code 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 607.0506, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NCFL Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE MICHAEL, CHAS F NAME 1.2 NAME **1075 LEXINGTON CT** STREET ADDRESS 1.3 STREET ADDRESS Largo fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MICHAEL, JAY C NAME 2.2 NAME 6140 APPOMATTEY DR. STREET ADDRESS 2.3 STREET ADDRESS HOLIDAY FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.17(1) 6 NAME MICHAEL, KAREN A 3.2 NAME 1075 LEXINGTON CRT STREET ADDRESS 3.3 STREET ADDRESS LARGO FL 3.4. CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if further certify that the information indicated on this annual report or suppliemental 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 only ged, or on an attachment with an address.

**6.3 STREET ADDRESS** 

STREET ADDRESS

CITY-ST-ZIP

4/23/av (813) 5258707

FILED

May 05 1998 8:00am

Secretary of State