

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 # P95000060838

1. Corporation Name

CUSTOM CONVERTERS SALES, INC.

Principal Place of Business

3840 US 19  
NEW PORT RICHEY FL 34652  
US

Mailing Address

3840 19 US  
NEW PORT RICHEY FL 34652  
US

2. Principal Place of Business

21 5419 Provost Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 5419 Provost Dr.  
Suite, Apt. #, etc.

City & State

23 Holiday, FL.  
Zip Country

24 34690 25 US

City & State

28 Holiday, FL.  
Zip Country

29 34690 30 US

9. Name and Address of Current Registered Agent

GERSON, ELI I  
3840 US 19  
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

08/07/1995

4. FEI Number

59-3333101

Applied For

Not Applicable

5. Certificate of Status Desired

☐ --

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

RONALD FERNANDEZ

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

5419 Provost Dr.

83

84 City

Holiday

FL

85 Zip Code

34690

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

x Ronald Vassallo

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

(NOTE: Registered Agent signature required when reinstating)

x 3-4-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VASSALLO, RONALD  
STREET ADDRESS 3840 US HWY 19 N  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VSTD ☐ DELETE

NAME FERNANDEZ, RONALD  
STREET ADDRESS 1791 ROYAL OAK PL. W  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5419 Provost Dr.  
Holiday, FL. 34690

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: x

Ronald Vassallo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3-4-99  
Date

727-945-8181  
Daytime Phone #

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90158 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)