

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

DOCUMENT # P95000071112

1. Corporation Name
FOCUSEAL, INC.

Principal Place of Business
2169 TRADE CENTERWAY
NAPLES FL 34109
US

Mailing Address
2169 TRADE CENTERWAY
NAPLES FL 34109
US

FILED

99 NOV 29 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1486 Railhead Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 1486 RAILHEAD BLVD
Suite, Apt. #, etc.

22 City & State

23 NAPLES FL

24 Zip

25 34110

Country

25 Collier

27 City & State

28 NAPLES FL

29 Zip

29 34110

Country

30 Collier

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

65-0620141

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.



Yes ☒ No

9. Name and Address of Current Registered Agent

FISHBANE, JONATHAN D
850 PARK SHORE DRIVE
TRIANON CENTRE, THIRD FLOOR
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

DAVID M GRUBER CPA

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

5150 Tamiami Trail N #501

83

84 City

NAPLES

FL

85 Zip Code

34103

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

[Signature]

11/23/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT RADTKE, THOMAS J

STREET ADDRESS 8106 LOWBANK DR

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME SAT RADTKE, ANDREA B

STREET ADDRESS 8106 LOWBANK DRIVE

CITY-ST-ZIP NAPLES FL

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

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

1486 Railhead Blvd

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

1486 Railhead Blvd

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/99

DATE

941 514 2755

Daytime Phone #

0400161

CR2E034 (5/99)