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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000082303

3DMP, INC.

Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90026 045 \*\*\*150.00

FILED

3DMP, IN		Charles Constitution						
Principal Place	e of Business	Mailing Address		. ====	1 INTERIOR IN THE PARTY		å :!!!! <b>65198</b> :/!! (291	
15800 U.S. HWY 19 N. 15800 U.S. HWY 19 N. HUDSON FL 34667 HUDSON FL 34667					DO NOT W	RITE IN THIS SPACE		<del>, :</del>
		4			Date Incorporated or Qualife     10/23/1995     FEI Number	ed	Applied For	
<del></del>	ace of Business	2a. Mailing Address			59-3339516	<u> </u>	Not Applicable	į
Suite, Apt. i	# oto	26 Suite, Apt. #, etc.			29-2229210	\$8.	75 Additional	()
22	*, etc.	27			5. Certifcate of Status Desired	LJ Fe	e Required	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	•     • •	.00 May Be ded to Fees/	
Zip	Country	Zip	Çoui	ntry	8. This corporation owes the co	urrent year Intangible		
24	25	29	30		Personal Property Tax.	☐Yes		
-	9. Name and Address of Curren				10. Name and Address of New	v Registered Agent		
		ひいいいいい		81 Name				
	el, mukesh 10°u.s. hwy 19 n.			82 Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
	SON FL 34687			83				
				84 City	का प्रकारित प्रियमिक्त क्राह्म राज्या ।	FL 85	Zip Code ""	
11. Pursuant office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607:1508, Florida Statu of Florida, Such change was a tions of, Section 607.0505, Flo	tes, the at authorized orida Statu	by the corporation tes.	oration submits this statement for the n's board of directors. I hereby account to the new part of the new par	he purpose of changir cept the appointment	ig its registered as registered	
SIGNATURE								
	Cleanting based or orieted name of registered ages	nt and title if englicable (NOT)	F. Registered	Agent signature required	when reinstating) - 2 3 4 4 4 4	DATE		_
	Signature, typed or printed name of registered age OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	E: Registered	Agent signature required	ADDITIONS/CHANGES TO C		CTORS IN 12	600
12.	OFFICERS AN	nt and title if applicable. (NOTI ID DIRECTORS  DELETE			ADDITIONS/CHANGES TO C			(90) (47)
12.	OFFICERS AN	ID DIRECTORS	13.	LE		OFFICERS AND DIRE		(44,00)
12. TITLE NAME	OFFICERS AN PD MUKESH, PATEL	ID DIRECTORS	13. 1.1 TIT 1.2 NA	LE	ADDITIONS/CHANGES TO C	DFFICERS AND DIRE		(00/14/00)
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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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE** 

NAME

STREET ADDRESS

15800 SU MMY 10 N

HUDSON FL