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 # P95000094708

PEARLWEAVE SAFETY NETTING SALES CORP.

Principal Place of Business		Mailing Address						217 20101 7277 1207
2609 NORTHWEST 40 STREET		2609 NORTHWEST 40 STREET						
BOCA RATON FL 33434		BOCA RATON FL 33434			DO MOT MIDIT	E IN THIS O	DAGE	
					DO NOT WRIT	E IN THIS S	PACE	
					3. Date Incorporated or Qualifed		•	
					01/01/1996			A sulled Fan
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		 	Applied For	
21		26		65-0627858			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		·	5 Additional Required	
22		27			 _			
City & State		City & State		6. Election Campaign Financing			May Be	
23		28		Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Country	'	8. This corporation owes the curre			
24	25	29 30	<u> </u>		Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Ro	gistered A	<u>jent</u>	
			81	Nam	ne			
	IND, STEVEN		82	Stre	et Address (P.O. Box Number is Not Acceptal	ole)		
	NW 40 ST			00		,		
BOC	A RATON FL 33434		83		,			
			84	City			85 Zi	ip Code
l						FL	Щ	3
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-name	ed corporation submits this statement for the proporation's board of directors. I hereby accept	surpose of characters the appoint	nanging ment as	its registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	i	inpolation is board of discourse the cost, and a			
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F			gistered Age	nt signatu	re required when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PSTD	☐ DELETE	1.1 TITLE				Chang	ge 🔯 Addition
NAME	Lipkind, steven		1.2 NAME		ł			
STREET ADDRESS	2609 NORTHWEST 40 STREET	ſ	1.3 STREE	T ADDRE	SS			Ì
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Chang	ge 🗌 Addition
NAME			2.2 NAME					}
STREET ADDRESS		•	2.3 STREE	T ADDRE	ss			1
CITY-ST-ZIP			2. 4 CITY-					
TITLE		☐ DELETE	3.1 TITLE				Chang	ge 🔲 Addition
			3.2 NAME				-	ļ
NAME OTTOTAL DODGOO		•	3.3 STREE	エ ないへのに	20			ļ
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP			☐ Chang	ge
TITLE								,
NAME			4. 2 NAME					ļ
STREET ADDRESS		•	4.3 STREE		SS			ŀ
CITY-ST-ZIP	<u> </u>		4.4 CITY - S	T-ZIP			Chang	ge Addition
TITLE		☐ DELETE	5.1 TITLE		·	*		in the second
NAME		1	5.2 NAME	_				ļ
STREET ADDRESS			5.3 STREE		SS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	ge 🔲 Addition
NAME		1	6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRE	ss .			

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

SIGNATURE:

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90079 028 ***150.00