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Secretary of State

03-14-1999 90006 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025317

1. Corporation Name

HUSKY PRODUCTS, INC.



Principal Place of Business	Mailing Address
126 CENTER ST SUITE B-11 JUPITER FL 33458	126 CENTER ST SUITE B-11 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0718629

☐ Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEONE, LAWRENCE
 126 CENTER ST
 SUITE B-11
 JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name **PETER SMITH**
 82 Street Address (P.O. Box Number is Not Acceptable)
5480 N. OCEAN DRIVE, #4B
 83
 84 City **SINGER ISLAND FL** 85 Zip Code **33404**

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

Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.6.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP	1.1 TITLE	VICE PRES.
NAME	LEONE, LAWRENCE	1.2 NAME	LEONE, LAWRENCE
STREET ADDRESS	126 CENTER ST SUITE B-11	1.3 STREET ADDRESS	12831 GUILFORD CIR.
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33411
TITLE		2.1 TITLE	PRESIDENT
NAME		2.2 NAME	SMITH, PETER
STREET ADDRESS		2.3 STREET ADDRESS	5480 N. OCEAN DRIVE, #4B
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SINGER ISLAND, FL. 33404
TITLE		3.1 TITLE	TREASURER
NAME		3.2 NAME	SMITH, MURIEL
STREET ADDRESS		3.3 STREET ADDRESS	5480 N. OCEAN DRIVE, #4B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SINGER ISLAND, FL. 33404
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	LEONE, MYRTLE
STREET ADDRESS		4.3 STREET ADDRESS	12831 GUILFORD CIR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33411
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.99

561.745.1005

Date

Daytime Phone

CR2E034 (1/1/98)