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 # P96000033571

1. Corporation Name

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90080 035 ***150.00

C.D. RAT	rewatch, inc.			 			
Principal Place	e of Business	Mailing Address			I SANDSANDI SIN TANSA NITIH ANSIIT AN	II BBUI BBIBB KIBB BII	(1 Milite immat ient immi
10463 VALENCIA RD. P.O. BOX 3933 SEMINOLE FL 33772 SEMINOLE FL 33775					DO NOT WR!	TE IN THIS SPAC	F
				-	3. Date Incorporated or Qualifed	TE IN TING OF NO	
					04/17/1996		•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		İ	59-3373520		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		.75 Additional ee Required
22		27					
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
23 Zin	Country	Zip	Country		8. This corporation owes the curr		
Žip	25	<u> </u>	30	}	Personal Property Tax.	ent year mangible	
24	9. Name and Address of Curren	<u> </u>	501		D. Name and Address of New F		
			81 Nai	ne			
BALTRUNAS, ROBERT J 10463 VALENCIA ROAD SEMINOLE FL 33772			82 Str	et Address	(P.O. Box Number is Not Accepta	able)	
			83		·		_
			84 City	,		85	Zip Code
						FL) }	
l office.orm	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was au	inonzea by ine c	ned corporation's	tion submits this statement for the board of directors. I hereby accep	ot the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable (NOTE:	Registered Agent signal	ture required who	en reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTORS IN 12
TITLE	PSTD	☐ DELETE	1,1 TITLE			□ Ct	
NAME	BALTRUNAS, ROBERT J		1,2 NAME	- (
STREET ADDRESS	40.400 MAI ENOMA DD		1.3 STREET ADDR	ESS			
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		•		hange 🗔 Addition
NAME			2.2 NAME	1			
STREET ADDRESS			2,3 STREET ADDR	ESS	,		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	l l	•	□c⊦	nange
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDR	ESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			П.	hange
TITLE)	☐ DELETE	4,1 TITLE				hange
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADOR	ESS	-		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-			hange
TITLE		□ nei ete	= 51 HHZ	1			go
NAME		☐ DELETE					
STREET ADDRESS		☐ DELETE	5.2 NAME	FSS			
	ĺ	☐ DELETE	5.2 NAME 5.3 STREET ADDR	E\$S			
CITY-ST-ZIP			5.2 NAME	E\$S		ПС	hange Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP	E\$S			nange

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 of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99 (727) 398-3715

Daytime Phone #

(2E034 (11/98)