## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P96000041328

FILTRATION-FLOW, INC.

}					
Principal Place	e of Business	Mailing Address			
2885 ELECTRO		2885 ELECTRONICS DR			
SHITE C1   Melbourne F	1 32935	SUITE C1 MELBOURNE FL 32935			DO NOT WRITE IN THIS SPACE
US US			•		3. Date Incorporated or Qualifed
					05/08/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3526255 Applied For
21		26			22-3425543 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22	·	27			5. Certificate of Status Desired Fee Required
City & Stat	e ·	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of New Registered Agent
KDV	LISS DICHARD M		•	81 Name	ie
KRAUSS, RICHARD M 2885 ELECTRONICS DR				82 Street	et Address (P.O. Box Number is Not Acceptable)
	E C1		,	-	
1	BOURNE FL 32935			83	
INITE	.500/114E 1 E 02500		•	84 City	85 Zip Code
					FL   D   D   D   D   D   D   D   D   D
l office or r	egistered agent, or both, in the Sta	ite of Florida. Such chance w	/as a⊔thorized	by the corp	ed corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505	, Florida Statu	tes.	
SIGNATURE					re cequired when reinstating) DATE
-	Signature, typed or printed name of registered a	AND DIRECTORS	NOTE: Registered .	Agent signature	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	DELET		F	Change Additio
NAME	KRAUSS, RICHARD		1.2 NA		
STREET ADDRESS	33 CODINGTON AVE			 REET ADDRESS	, , , , , , , , , , , , , , , , , , , ,
ì	HOPELAWN NJ 08861		, i	Y-ST-ZIP	~
CITY-ST-ZIP		DELET		E	Change ☐ Additio
NAME			2.2 NA		
STREET ADDRESS				REET ADORESS	ss
CITY-ST-ZIP			4	Y-ST-ZIP	
TITLE		☐ DELET			☐ Change ☐ Additio
NAME			3.2 NA	ME	•
STREET ADDRESS				REET ADDRESS	ss
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELET			Change Additio
NAME	,		4, 2 N	ME	
STREET ADDRESS			4.3 ST	REET ADDRESS	ss · · ·
CITY-ST-ZIP			4	Y-ST-ZIP	
TITLE		☐ DELET			☐ Change ☐ Additio
NAME			5.2 NA	ME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP			5.4 CIT	Y-\$T-ZIP	$\mathcal{B}^{\prime\prime}$
TITLE		☐ DELET	E 6.1 TIT	LE	☐ Change ☐ Addition
NAME			6.2 NA	ME	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90136 049 \*\*\*150.00