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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000058437

ANALYTIC RESOURCES, INC.

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90121 013 \*\*\*150.00



| <u> </u>  |   |  |                          |              |  | : I  |
|---|---|--|--------------------------|--------------|--|--|
| Principal Place of Business Mailing Address                       |   |  |                          |              |  |  |
| 1738 SOUTH MIAMI AVENUE 1738 SOUTH<br>MIAMI FL 33129 MIAMI FL 331 |   |  |                          |              |  | <u>.</u>   |
|   |   |  |                          |              |  | DO NOT WRITE IN THIS SPACE   |
|   |   |  |                          |              |  | 3. Date Incorporated or Qualifed   |
|   |   |  |                          |              |  | 07/10/1996 —   |
|   | Place of Business   | 2a. Mailing Address  | . Mailing Address        |              |  | 4. FEI Number Applied For  |
| 21  |   | 26   |                          |              |  | 65-0686556 Not Applicable  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                          |              |  | \$8.75 Additional  |
| 22  |   | 27   |                          |              |  | 5. Certificate of Status Desired Fee Required  |
| City & State  |   | City & State   |                          | -            | 6. Election Campaign Financing \$5.00 May Be         |  |
|   |   | 28   |                          |              | Trust Fund Contribution Added to Fees                |  |
| Zip Country   |   | Zip Country  |                          |              | 8. This corporation owes the current year Intangible |  |
| 24 25   |   | 29 30  |                          |              | Personal Property Tax.                               |  |
| ·   | 9. Name and Address of Curren   | Registered Agent   |                          | _            |  | 10. Name and Address of New Registered Agent   |
| ME  | OLIN IUGEBRI B  |  |                          | 81           | Name   |  |
| MERLIN, JOSEPH B<br>3550 BISCAYNE BLVD., SUITE 401                |   |  |                          | 82           | Street Add   | dress (P.O. Box Number is Not Acceptable)  |
|   | MI FL 33137   |  |                          |              | Diroctrida   | dross (1.0. box Number is Not Acceptable)  |
| MIM   | WII FL 3313/  |  |                          | 83           |  |  |
|   |   |  |                          | 84           | Cit  |  |
|   |   |  |                          | li           | City   | FL 85 Zip Code   |
| 11. Pursuant  | to the provisions of Sections 607.0502 registered agent, or both, in the State of | and 607.1508, Florida Statut<br>f Florida. Such change was a | es, the all<br>uthorized | bove<br>by 1 | -named corp<br>the corporati                         | poration submits this statement for the purpose of changing its registered lion's board of directors. I hereby accept the appointment as registered  |
| _   | im familiar with, and accept the obligati   | ons of, Section 607.0505, Flo                                | rida Statu               | ites.        | ,  | and the second s |
| SIGNATURE   | Signature, typed or printed name of registered agent                              |  |                          |              |  | ·  |
| 12.   | OFFICERS AND  |  |                          | Agent        | signature require                                    | red when reinstating) DATE   |
| TITLE   | PD  | DELETE   | 13.                      | 1 =          | <del></del>  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| NAME  | NAGYMIHALY, CHARLOTTE   |  |                          |              | ļ  | Change Addition  |
| STREET ADDRESS  | 1738 SOUTH MIAMI AVENUE   |  | 1.2 NA                   |              |  |  |
| CITY-ST-ZIP   | MIAMI FL 33129  |  |                          |              | ADDRESS  | · :  |
| TITLE   | MINIMI FE 33129   | ☐ DELETE   | 1.4 C/T                  |              | -ZIP   |  |
| NAME  |   |  | 2.1 T/T                  |              |  | , Change Addition  |
| STREET ADDRESS  |   |  | 2.2 NA                   |              |  | ****   |
|   |   |  | 4                        |              | ADDRESS  |  |
| CITY-ST-ZIP<br>TITLE  |   | C) perete  | 2. 4 CF                  |              | - ZIP  |  |
|   |   | ☐ DELETE   | 3.1 TITI                 | LΕ           |  | ☐ Change ☐ Addition  |
| NAME  |   |  | 3.2 NA                   | ИE           |  | •  |
| STREET ADDRESS  |   |  | 3.3 STR                  | REETA        | ADDRESS  |  |
| CITY-ST-ZIP   |   |  | 3.4. CIT                 |              | -ZiP   |  |
| TITLE   |   | ☐ DELETE   | 4.1 TITL                 | Æ            | ĺ  | ☐ Change ☐ Addition  |
| NAME  |   |  | 4. 2 NA                  | MΕ           |  |  |
| STREET ADDRESS  |   |  | 4.3 STR                  | EET A        | VDDRESS  |  |
| CITY-ST-ZIP   |   |  | 4.4 CITY                 | /-ST-        | ZIP  |  |
| TITLE   |   | ☐ DELETE   | 5.1 TITL                 | E            |  | ☐ Change ☐ Addition  |
| NAME  |   |  | 5.2 NAM                  | 1E           |  | · -  |
| STREET ADDRESS  |   |  | 5.3 STR                  | EETA         | DORESS   |  |
| CITY-ST-ZIP   |   |  | 5.4 CITY                 | '-ST-2       | ZIP  |  |
| TITLE .   |   | ☐ DELETE   | 6.1 TITL                 | E            |  | ☐ Change ☐ Addition  |
| IAME  |   |  | 6.2 NAM                  | E            | ł  |  |
| TREET ADDRESS   |   |  | 6.3 STR                  | EET AI       | DDRESS   |  |
| HTY-ST-ZIP  |   |  | 64 CITY                  | - ST- 7      | 71D  |  |

I. 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jan 26 1899

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22E02/ (41/00)