

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90029 031 ***150.00

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1. Corporation Name

HAMILTON TECHNICAL SALES, INC.

Principal Place of Business
977-B WITHLAGOOCHEE STREET
SAFETY HARBOR FL 34695

Mailing Address
977-B WITHLAGOOCHEE STREET
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

59-3387910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business
21 2946 GULF TO BAY BLVD.

Suite, Apt. #, etc.
22 #40

City & State
23 CLEARWATER, FL

Zip Country
24 33759 25 PINELLAS

2a. Mailing Address
26 2946 GULF TO BAY BLVD.

Suite, Apt. #, etc.
27 #40

City & State
28 CLEARWATER, FL

Zip Country
29 33759 30 PINELLAS

9. Name and Address of Current Registered Agent

KINKOPF, GRACE A
977-B WITHLAGOOCHEE STREET
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name KINKOPF, GRACE
82 Street Address (P.O. Box Number is Not Acceptable) 2946 GULF TO BAY BLVD.
83 #40
84 City CLEARWATER FL 85 Zip Code 33759

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 Grace A. Kinkopf

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME KINKOPF, GRACE A
STREET ADDRESS 977-B WITHLAGOOCHEE STREET
CITY-ST-ZIP SAFETY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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: Grace A. Kinkopf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/99 (727) 424-4227