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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074751 (4)

1. Corporation Name
ACETEK, INC.



Principal Place of Business

Mailing Address

1053 NORMANDY TRACE
TAMPA FL 33602

1053 NORMANDY TRACE
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3400574

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 3968 SHORE ACRES BLVD

Suite, Apt. #, etc.

22 City & State

23 ST. PETERSBURG

24 Zip 33703

Country

25 PINELLAS

2a. Mailing Address

26 3968 SHORE ACRES BLVD

Suite, Apt. #, etc.

27 City & State

28 ST. PETERSBURG

29 Zip 33703

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

MALISON, BRIAN
1053 NORMANDY TRACE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

MALISON, BRIAN

82 Street Address (P.O. Box Number is Not Acceptable)

3968 SHORE ACRES BLVD

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33703

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MALISON, BRIAN
STREET ADDRESS 1053 NORMANDY TRACE
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE

NAME NEWMAN, ANTHONY P
STREET ADDRESS 11492 61ST NORTH
CITY-ST-ZIP PINELLAS PARK FL 34666

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME BRIAN J. MALISON
1.3 STREET ADDRESS 3968 SHORE ACRES BLVD
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

4-8-98

8/2-200-9806

CR2E034 (10/97)