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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000079539

1. Corporation Name
GENERAL PRODUCTS INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90096 036 ***150.00

GENERA	L PRODUCTS, INC.									
Principal Place	e of Business	Mailing Address				'	I (BOLLOOL (IN INIIN NIILI NALL		IE EMBTH SUTUL N	LINE IITIN ISII (BAL
577 SLIPPERY ROCK ROAD WESTON FL 33327 WESTON FL 33327								-		
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							Incorporated or Qualif	ed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI N	lumber.		1	Applied For
21	•	26				65-0	696158			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- 0.41	in the of Ctatus Desired		\$8.7	5 Additional
22	• • •	27				5, Cerui	cate of Status Desired		Fee	Required
City & Stat	В	City & State				6. Electi	ion Campaign Financir	ıg 🗀	\$5.0	0 May Be
23	•	28				Trust	Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	ntry		8. This	corporation owes the c	urrent year		_
24	25	29	30				onal Property Tax.,		Yes	No
	9. Name and Address of Curre	nt Registered Agent		L.,		10, Name	e and Address of Ne	w Registere	d Agent	
DOM:	MAAC MAY C			81	Name		•			•
	ILLAS, MAX E		İ	82	Street Add	ress (P.O. Bo	ox Number is Not Acce	eptable)		
	SLIPPERY ROCK ROAD							<u> </u>		
WES	TON FL 33327		i	83						
÷.	•			84	City				. 85 Z	ip Code
				64	City			F	L 55 5	,5 0000
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14. 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 or an 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 or an exemption of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE:

REQUIRED STONING OFFICER OR DIRECTOR