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

DOCUMENT # P96000082722

1. Corporation Name

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

04-21-1999 90175 005 ***150.00

FLOOD	HAWK PRODUCTS, INC				
Principal Place	e of Business	Mailing Address		i imbildet til stille aftit mellt mætt mert enra) INITE CITY IN THE STREET THE FROM
5605 NW 8TH STREET 5605 NW 8TH STREET MARGATE FL 33063 MARGATE FL 33063				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed 10/03/1996	
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26		26		65-0700519	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		——————————————————————————————————————		5. Certificate of Status Desired	\$8.75 Additional
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24		29 30	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
DWD/CD CCODCE W ID			81 Name		
DWYER, GEORGE W JR			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
5605 NW 8TH STREET MARGATE FL 33063					
MAN	IGATE PL 33003		83		
}			84 City		85 Zip Code
	·			FI	
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		, AND TO SECUL	egistered Agent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P /	☐ DELÉTÉ	1.1 TITLE		→ Change Addition
NAME	DWYER JR, GEORGE A		1.2 NAME		3
STREET ADDRESS	COAC ABLE OTH OT		1.3 STREET ADDRESS		
City-st-zip	MARGATE FL		1.4 C(TY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
-TITLE		DELETE	3.1-TITLE	- <u> </u>	Change - Addition
NAME	Į		3.2 NAME	7	ł
STREET ADDRESS	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		3.3 STREET ADDRESS	ı	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·	
TITLE	•	OELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	· ·		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change DAddition
TYTLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTTY OT 71D	i		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: