## 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 #**

1. Corporation Name

}	LE COMPONENT PROCESS				
Oringinal Plac	ce of Business	Mailing Address			
· '	•	_			
8919 MAISLIN DRIVE 8919 MAISLIN DRIVE TAMPA FL 33637 TAMPA FL 33637					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
2 Principal P	Place of Business	2a. Mailing Address		12/05/1996 4. FEI Number	
<b>⊢</b>	inde of business				Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc		59-3414873	Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		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.	☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Register	red Agent
CI II			81 Name		
30L	Lenberger, Robert 9 Maislin Drive	No. No.	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	IPA FL 33637			<del> </del>	· · · · · · · · · · · · · · · · · · ·
1 VIA	FR FL 33037		83		50年公司議論第十
			84 City	20	85 Zip Code
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the control of	on i fortua. Such Ghange v	ras auditorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	e of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered Agent signature requ	uired when reinstating) \ DATE	
12.		ent and title if applicable.  ND DIRECTORS	NOTE: Registered Agent signature request.  13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
			13.		
12.	OFFICERS AT	ND DIRECTORS	13.		AND DIRECTORS IN 12
12. TITLE	PD O'CONNELL, JERRY D	ND DIRECTORS	13. E 1.1 TITLE		AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AF PD O'CONNELL, JERRY D	ND DIRECTORS  DELET	13. E 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12  Change Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D. O (ours) 1-6-99 8(3585010)

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90053 010 \*\*\*150.00