

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90006 048 ***550.00

DOCUMENT # **P97000010493**

I. Corporation Name

C.G. CARTRONICS, INC.



Principal Place of Business
**5020 TROUBLE CREEK
NEW PORT RICHEY FL 34652
US**

Mailing Address
**5020 TROUBLECREEK
NEW PORT RICHEY FL 34652
US**

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 3. Date Incorporated or Qualified 01/29/1997 | |
| 4. FEI Number 59-3426765 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent GREEN, CLIFFORD A 3543 GORMAN DRIVE NEW PORT RICHEY FL 34655 | |
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

1. 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 | | (NOTE: Registered Agent signature required when reinstating) | DATE |
| 2. OFFICERS AND DIRECTORS | | | |
| FILE | D <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | GREEN, CLIFFORD A | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| REET ADDRESS | 3543 GORMAN DRIVE | 1.2 NAME | GREEN CLIFFORD A |
| TY-ST-ZIP | NEW PORT RICHEY FL 34655 | 1.3 STREET ADDRESS | 5106 Rosewood Dr. |
| FILE | P <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | new Port Richey FL 34653 |
| NAME | GREEN, PAULA M | 2.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| REET ADDRESS | 3543 GORMAN DRIVE | 2.2 NAME | PAULA M GREEN |
| TY-ST-ZIP | NEW PORT RICHEY FL 34655 | 2.3 STREET ADDRESS | 5106 Rosewood Dr. |
| FILE | V <input checked="" type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | new Port Richey FL 34653 |
| NAME | GREEN, PAULA M | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| REET ADDRESS | 5626 ILLINOIS AVE | 3.2 NAME | |
| TY-ST-ZIP | NEW PORT RICHEY FL 34652 | 3.3 STREET ADDRESS | |
| FILE | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| NAME | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| REET ADDRESS | | 4.2 NAME | |
| TY-ST-ZIP | | 4.3 STREET ADDRESS | |
| FILE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| REET ADDRESS | | 5.2 NAME | |
| TY-ST-ZIP | | 5.3 STREET ADDRESS | |
| FILE | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| NAME | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| REET ADDRESS | | 6.2 NAME | |
| TY-ST-ZIP | | 6.3 STREET ADDRESS | |
| FILE | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |

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: **Clifford A Green** 9-1-99 727-843-8063

0105624

CR2E034 (5/99)