

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90043 013 \*\*\*150.00

DOCUMENT # P97000015385

1. Corporation Name

TANKA TECHNOLOGIES, INC.

Principal Place of Business

4429-B CLEVELAND AVE  
SUITE B  
FT MYERS FL 33901  
US

Mailing Address

~~19651 BRUCE B. DOWNS BLVD., STE. D-3107~~  
~~TAMPA FL 33647~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

59-3433243

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 4429-B Cleveland Ave

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

Lee

9. Name and Address of Current Registered Agent

AMAN, JEFFREY A  
14502 N. DALE MABRY HWY., STE. 300  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name Gregory M. Fallacara  
82 Street Address (P.O. Box Number is Not Acceptable)  
4429-B Cleveland Ave  
83  
84 City Ft. Myers FL 85 Zip Code 33901

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 Gregory M. Fallacara - President

(NOTE: Registered Agent signature required when reinstating)

11/27/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FALLACARA, GREGORY M  
STREET ADDRESS 19651 BRUCE B. DOWNS BLVD., STE. D-3107  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ DELETE

NAME MITCHELL, WILLIAM J  
STREET ADDRESS 19651 BRUCE B. DOWNS BLVD., STE. D-3107  
CITY-ST-ZIP TAMPA FL 33647

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

4429 B Cleveland Ave  
Fort Myers FL 33901

☐ Change ☐ Addition

4429 B Cleveland Ave  
Fort Myers FL 33901

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)