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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022450

1. Corporation Name

SSME DELITSCHE WAFFEN INC.

Principal Place of Business	Mailing Address
3203 MURRAY FARMS ROAD PLANT CITY FL 33567	3203 MURRAY FARMS ROAD PLANT CITY FL 33567

FILED Feb 20, 1999 8:00 am Secretary of State

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PLANT CITY FL 33867	Principal Plac	ce of Business	Mailing Address					ı ağını sa nın galı	# 11818 JIBN 8188))	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City, & State	2. Principal f	Place of Business	2a. Mailing Address				1 27 1	. ,	A	pplied For	1
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GADDE, STANLEY 3203 MURRAY FARMS RD. PLANT CITY FL 33567 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the development of the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or princed name of inagations agent and tits it applicable. (MOTE Registered Agent signature regular define institution) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE QADDE, STANLEY ROY 3203 MURRAY FARMS ROAD 13. STREET ADDRESS CITY-51.2P 14. CITY FL 33567 14. CITY-51.2P 15. TITLE QADDE, SHONA K 22. NAME 3203 MURRAY FARMS ROAD 23. STREET ADDRESS 24. CITY-51.2P 17. TITLE QADDE, SHONA K 3203 MURRAY FARMS ROAD 32. STREET ADDRESS 34. CITY-51.2P 17. TITLE QADDE, SHONA K 3203 MURRAY FARMS ROAD 35. STREET ADDRESS 35.			—	_	ntry		1	urrent year Ir		□No	
GADDE, STANLEY 3203 MURRAY FARMS RD. PLANT CITY FL 33567 4 City TL 4 City TL 5 Zirect Address (P.O. Box Number is Not Acceptable) 4 City FL 5 Zip Code 6 Zip City Code 6 Z		9. Name and Address of Current	Registered Agent				10. Name and Address of Nev	v Registered	1 Agent		1
22 Street Address (P.O. Box Number is Not Acceptable)	GAE	ONE STANIEV			81	Name					1
PLANT CITY FL 33567 83					82	Street Addre	ss (P.O. Box Number is Not Acce	ptable)			\dashv
### City ### City ### City ### B\$ Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #### Signature, Typed or prefered agent and site is upsiched. 12								· ·			_
### 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 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, 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, 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, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of, Section 607.0505, Florida Statutes. ### SIGNATURE SIGNATURE					83		;	* '			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	1
SIGNATURE Signature, typed or protect name of registered agent, or both, in the State of Pichola, Such Change was authorized by the comporation's board of directors. Thereby accept the appointment as registered agent and life if applicable. NOTE: Registered dynet signature, required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD GADDE, STANLEY ROY 303 MURRAY FARMS ROAD 15 STREET ADDRESS CITY-ST-ZIP TITLE VSD GADDE, SHONA K 3203 MURRAY FARMS ROAD 23 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition Addition Addition TITLE DELETE 31 TITLE Change Addition Addition TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP LA CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP	11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the al	hove	-named como	ration submits this statement for t	a nurnosa o	f changing ite	ranistarad	4
SIGNATURE Signature, typed or printed name of registered agent and ties if upplicable. (NOTE Registered Agent signature required when reinstating) DATE	office or i	registered agent, or both, in the State of	i ⊢iorida. Such change was aut	honzed	l by t	he corporation	n's board of directors. I hereby acc	ept the appo	pintment as re	gistered	
12	_	, ,	ons or, Section 607.0505, Florid	Ja Slall	Mes.		•				
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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

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