**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700041365

1. Corporation Name

PRO-TEC ELECTROPLATING CORPORATION

Principal Place	e of Business	Mailing Address							
405 CHARLES	ST.	405 CHARLES ST							
DAYTONA BEACH FL 32114		DAYTONA BEACH FL 32114 US							
US					DO NOT WRITE IN THIS SPACE				
i						3. Date incorporated or Qualifed			
						05/06/1997		— Т	lantiad Far
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number			Applied For Not Applicable	
21		26				59-3446028			Additional
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Required	
22	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	27							
City & Stat	ie –	City & State				6. Election Campaign Financing  Trust Fund Contribution			May Be to Fees
23	Country	Zip	_ <u></u>			This corporation owes the current y	nor late		101003
Zip		— · ·	30	LI y		Personal Property Tax.	ear inte	Yes	□No
24	9. Name and Address of Curren		30			10. Name and Address of New Regis	tered /		
	9. Name and Address of Curren	t Registered Agent		B1	Name	10. Hame and Flagrego of Hell Hoge			
QVI V	VESTER, CHARLES R		Ĺ						
	CHARLES ST	[1			Street Addre	ess (P.O. Box Number is Not Acceptable)			
	TONA BEACH FL 32114	· [							
DAT	IONA BEACH FL 32114			В3		•			
			ļ,	B4	City		FL	85 Zip	Code
dd Directional	to the annihilate of Continuo 607 050	2 and 607 1609 Florida Statute	s the ah	000	-named corno	pration submits this statement for the purp	ose of	changing i	ts registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	tnonzea	DV (I	he corporation	n's board of directors. I hereby accept the	арроіг	ntment as	registered
_	an tanniar was, and accept the conga	10110 51, 55011011 557 15557 1 151							
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	Registered A	gent	signature required	when reinstating)	ATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		RS AN		
TITLE	D	☐ DELETE	1.1 TITLE					Change	e 🔲 Addition
NAME	SYLVESTER, CHARLES R 12		1.2 NAN	1.2 NAME					
STREET ADDRESS			1.3 STI		ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-		-ZIP				
TITLE	0	☐ DELETE	2.1 TITLE		<del></del>			☐ Chang	e 🔲 Addition
NAME	PLEMMONS, JAMES		2.2 NAME						ĺ
STREET ADDRESS	ELIMINOTIO, O'ANEO			2.3 STREET ADDRESS					
	DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP		I				
CITY-ST-ZIP TITLE	DATTONA DEACH FL 32114	☐ DELETE	3.1 TITLE					Change	e
		<del>_</del>	3.2 NAME						Ì
NAME STOCET ADDRESS			3.3 STREET ADDRESS		ADDRESS	•			}
STREET ADDRESS	DDI COO			3.4. CITY-ST-ZIP					
CITY-ST-ZIP	P JA.				-211			Chang	e Addition
TITLE		C Descrit	4. 2 NAME						_
NAME	1:				4DDDCCC				
STREET ADDRESS	5  <u>.</u>				ADDRESS				İ
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-1		- ZIP			☐ Chang	e
TITLE		☐ UELE1E	5.1 TTTLE		. [			டு வறை	
NAME			5.2 NA				(		
STREET ADDRESS	·  _				ADDRESS				
CITY-ST-ZIP	51-2IP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TII					Chang	e
NAME	<b>L</b>		6.2 NA		1				
STREET ADDRESS	;}		6.3 STF	REET.	ADDRESS				

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: Charles R. Sylvester Charlet

Apr 15, 1999 8:00 am Secretary of State

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