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 # P97000053492

1. Corporation Name

May 01, 1999 8:00 am Secretary of State

05-01-1999 90009 023 ***150.00

U.S. PH/	ARMACO-OP, INC					 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	ie 18115 181 1881
Principal Place	e of Business	Mailing Address				, i satisan ila sam isan ai		• • • • • • • • • • • • • • • • • • • •	
202 EAST BRANDON BOULEVARD 202 EAST BRANDON			OULEVARD						
BRANDON FL 33511 BRAN		BRANDON FL 33511	ANDON FL 33511			DO NOT	WRITE IN THIS	SDACE	
•	·					3. Date Incorporated or Qual		O ACL	
						06/10/1997			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
	Idee of Business	26				APPLIED FOR		├	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
22		27			5, Certificate of Status Desire	ed 🗆	Fee	Required	
City & State	e	City & State				6. Election Campaign Finance	cing _	\$5.0	D May Be
23	·	28	ئد.ــــــــــــــــــــــــــــــــــــ			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	гу		8. This corporation owes the	current year In	tangible	
24	25	29	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent				10. Name and Address of N	lew Registered	Agent	
			8	1 Na	me	•			ŀ
	DOR, JOHN	•	8:	2 Str	eet Addre	ess (P.O. Box Number is Not Ac	ceptable)		_
	LAURELCREST CIRCLE		"	- "	001710070				
VALI	RIÇO FL 33594		8:	3		,			
			8-	4 Cit				85 Zi	Code
			1		-		FL	_	
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the above		and corno	viction cultimite this statement for	r the purpose of	f changing i	ts registered
office or n	egistered agent, or both, in the State of	f Florida. Such change was au	uthorized b	y the c	orporation	n's board of directors. I hereby a	accept the appo	intment as	registered
, office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flor	uthorized by rida Statute	y the c es.	orporation	n's board of directors. I hereby a	accept the appo	intment as	registered
office or n agent. I a								intment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag			when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:		ent signa			DATE		FORS IN 12
SIGNATURE 12. TITLÉ	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag	ent signa		when reinstating)	DATE	ND DIREC	FORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signa	ture required	when reinstating)	DATE	ND DIREC	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent signa	ture required	when reinstating)	DATE	ND DIREC	FORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signa	ture required	when reinstating)	DATE	ND DIREC	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent signa	ture required	when reinstating)	DATE	ND DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signa E E ET ADDR ST-ZIP	ESS	when reinstating)	DATE	ND DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signa E E ST-ZIP E E E E E E E T ADDF	ESS	when reinstating)	DATE	ND DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signa E ET ADDR ST-ZIP E ET ADDR	ESS	when reinstating)	DATE	ND DIRECT	FORS IN 12 a Addition a Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY-	ent signa E E ET ADDR ST-ZIP E E E E T T ST-ZIP E E E E T ST-ZIP	ESS	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 a Addition a Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE	ent signs E E ST-ZIP E E ET ADDR '-ST-ZIP E E E E E E E E E E E E E	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 a Addition a Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS	OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (1997)	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE	EET ADDR	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 a Addition a Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ent signs E E EET ADDR ST-ZIP E E EET ADDR '-ST-ZIP E E E E E E E E E E E E E E E E E E	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS CI	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE	ent signs E E ET ADDR -ST-ZIP E E E ET ADDR -ST-ZIP E E E E T -ST-ZIP	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME	E E E ADDR : ST-ZIP E E E E E TADDR : ST-ZIP E E E E E E TADDR : ST-ZIP E E E E E E E E E E E E E E E E E E E	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE	E E E E ADDF - ST-ZIP E E E E E E E E E E E E E E E E E E E	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME	E E E E ADDR ST-ZIP E E E E E E E E E E E E E E E E E E E	ESS .	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 B
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY-	E E E E ADDR	ESS .	when reinstating)	DATE	ND DIREC Change	FORS IN 12 B
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE	E E E E ADDR ST-ZIP E E E E E E E E E E E E E E E E E E E	ESS ESS ESS	when reinstating)	DATE	ND DIREC Change	FORS IN 12 B
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS O U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	epent signal E E E E E E E E E E E E E	ESS ESS ESS	when reinstating)	DATE	ND DIREC Change	FORS IN 12 B
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS (U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.3 STRE	epent signar E E E E E E E E E E E E E	ESS ESS ESS	when reinstating)	DATE	ND DIREC Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS O U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ent signa E E E E E E E E E E E E E	ESS ESS ESS	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOR, JOHN 217 LAURELCREST CIRCLE VALRICO FL 33594 D NORIEGA, JOHN B 1615 THOMPSON ROAD LITHIA FL 33547 D BEDE, GYORGY 1136 BUDAPEST V HEGEDUS C U298 FSZT, HUNGARY	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.1 TITLE	ent signa E E E E E E E E E E E E E	ESS ESS ESS	when reinstating)	DATE	ND DIRECT Change	FORS IN 12 e

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: