Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

21

22



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address

Suite, Apt. #, etc.

26

27

DOCUMENT # **P9700065467**1. Corporation Name

MISTEX FIRE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
301 NE 2ND AVE	3301 NE 2ND AVE
IAMI FL 33137	MIAMI FL 33137
3	บร

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90067 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certifcate of Status Desired

07/29/1997 4. FEI Number

Zip	City & State	City & State City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	23		28				Trust Fund Contribution Added to Fees	
SPACE SPAC		Country	Zip	Col	ıntry		8. This corporation owes the current year Intangible	
BRIMSOE, JAN PETTER 3301 NE 2ND AVE MAMI FL 33137	24	25	29	30			Personal Property Tax. ☐ Yes ☐ No	
BRIMSOE, JAN PETTER 3301 NE 2ND AVE MIAMI FL 33137 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statulus, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statulus, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13.	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City					81	Name	·	
MAMI FL 33137 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus. 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. and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 300					82	Street A	address (P.O. Box Number is Not Acceptable)	
11. Pirrouant to the provisions of Sactions 607.0502 and 607.1509. 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 upon the suppointment as registered agent upon the suppointment as registered agent upon the suppointment as registered. 12.	3301 NE 2ND AVE			,				
The 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, 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. Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD DELETE 11. TITLE PSD DELETE 11. TITLE PSD SIRMSOE, JAN PETTER 12. TITLE DELETE 13. TITLE PSD SIRMSOE, JAN PETTER 13. SIRMET ADDRESS CITY.51.2IP MIAMI FL 33137 14.CITY.51.2IP MIAMI FL 33137 14.CITY.51.2IP DELETE 2. TITLE DELETE 3. TITLE DELETE 4. CITY.51.2IP MAGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition NAME STREET ADDRESS CITY.51.2IP TITLE DELETE 4. CITY.51.2IP TITLE DELETE 5. TITLE DELETE 4. CITY.51.2IP TITLE DELETE 5. TITLE DELETE 5. TITLE DELETE 6. SITTLE DELETE 6. SITT				83				
The 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, 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. Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD DELETE 11. TITLE PSD DELETE 11. TITLE PSD SIRMSOE, JAN PETTER 12. TITLE DELETE 13. TITLE PSD SIRMSOE, JAN PETTER 13. SIRMET ADDRESS CITY.51.2IP MIAMI FL 33137 14.CITY.51.2IP MIAMI FL 33137 14.CITY.51.2IP DELETE 2. TITLE DELETE 3. TITLE DELETE 4. CITY.51.2IP MAGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition NAME STREET ADDRESS CITY.51.2IP TITLE DELETE 4. CITY.51.2IP TITLE DELETE 5. TITLE DELETE 4. CITY.51.2IP TITLE DELETE 5. TITLE DELETE 5. TITLE DELETE 6. SITTLE DELETE 6. SITT						014	log 7in Code	
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 and manual manua					84	City	FL 85 Zip Code	
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 and manual manua	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	atutes, the a	bove	-named co	corporation submits this statement for the purpose of changing its registered	
SIGNATURE Signature, typed or protect name of "rigistered agent and lite if applicable	office or re	egistered agent, or both, in the State o	f Florida. Such change wa	s authorize	d by t	the corpor	ration's board of directors. I hereby accept the appointment as registered	
12		in familiar with, and accept the congett	ons or, occilon oor losos,	i ionaa ota	u.c			
TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Registered	i Agent	signature req	quired when reinstating) DATE	
NAME SRIMSOE, JAN PETTER 12 NAME 13 STREET ADDRESS 3301 NE 2ND AVE 14 CITY-ST-ZIP	12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS CITY_ST-ZIP MIAMI FL 33137	TITLE	PSD	☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition	
Addition Change	NAME	BRIMSOE, JAN PETTER		1.2 N	AME			
TITLE	STREET ADDRESS	3301 NE 2ND AVE		1.3 S	TREET	ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE AL CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL 33137		1.4 C	ITY-ST	-ZIP		
STREET ADDRESS 23 STREET ADDRESS	TITLE		☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition	
CITY-ST-ZIP	NAME			2.2 N	AME			
TITLE	STREET ADDRESS			2.3 S	TREET	ADDRESS		
NAME 32 NAME 32 NAME 33 STREET ADDRESS 517Y-ST-ZIP 34_CITY_ST-ZIP 44 CITY_ST-ZIP 44_CITY_ST-ZIP 44_CITY_ST-ZIP 51_TITLE 61_TITLE	CITY-ST-ZIP			2.40	ITY-SI	r-ZiP		
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.5 STRE	TITLE		☐ DELETE	3.1 T	TLE		Change Addition	
STREET ADDRESS STRE	NAME			3.2 N	AMÉ			
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP CITY-ST-ZIP CHANGE CHANGE Addition NAME 5.1 TITLE Change Addition NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS G.3 STREET ADDRESS CITY-ST-ZIP Change Addition	STREET ADDRESS			3.3 S	TREET	ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	CITY-ST-ZIP				ITY-S1	r-ZIP	and the second s	
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	TITLE		☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change Ch	NAME			4.21	IAME			
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition NAME 62 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS			4.3 S	TREET	ADDRESS		
STREET ADDRESS	CfTY-ST-ZIP				TY-ST	-ZIP		
STREET ADDRESS	TITLE		☐ DELETE				Change Addition	
STREET ADDRESS	NAME							
TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS							
NAME 52 NAME 63 STREET ADDRESS 63 STREET ADDRESS	CITY-ST-ZIP					- ZIP		
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DELETE				☐ Change ☐ Addition	
STREET AUDICES	NAME							
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS			6.3 S	reet.	ADDRESS		
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3W). Florida Statutes, I further certify that the information	CITY-ST-ZIP							

4. 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/1/99

305 573 56/0

Daytime Phone i

D2E034 (11/08)