1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700069450

1. Corporation Name

INDUTECH INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90096 045 ***150.00



Principal Place	of Business	Mailing Address	Mailing Address			(1) 99111 99119	A1112 12111 21201	gii 6511 1661
		24271 CAPTAIN KIDD BLVD.						
24271 CAPTAIN KIDD BLVD. PUNTA GORDA FL 33955		PUNTA GORDA FL 33955			DO NOT WRITE IN THIS SPACE			
							SPACE	
	•				3. Date incorporated or Qualifed			
		On Malling Address			08/11/1997 4. FEI Number		1 1 1 1	oplied For
	ace of Business	2a. Mailing Address		1				ot Applicable
21	# -4-	Suite, Apt. #, etc.			65-0788908		\$8.75	
Suite, Apt.		⊢			5. Certifcate of Status Desired		T	equired
22 City & State	, the same and the	City & State			6. Election Campaign Financing		\$5.00	May Be
	28				Trust Fund Contribution Added to Fees			-
Zip Country		Zip Country		8. This corporation owes the curr	ent year Inf	langible	_	
24	25	29 30	·	•	Personal Property Tax.	<i>,</i>	∐ Yes	□No
24	9. Name and Address of Current		'		10. Name and Address of New I	Registered	Agent	
5. Name and Address of Sufferi Registored Agent				Name				
	IO, ROMAN	82 Street Ado		ress (P.O. Box Number is Not Acceptable)				
2427	1 Captain Kidd BLVD.		82	Street Add	Tess (F.O. DOX Number is NOt Accept	3DIG)		
PUN	TA GORDA FL 33955	•	83	3	· · ·			
			L				85 Zip	Code
}			84	City	3	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	/e-named corp	poration submits this statement for the	purpose of	changing its	registered
l office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orizea ov	v me corporad	ion's board of directors. I hereby acce	ot the appor	ntment as re	gistered
Į	m ramiliar with and accept the obligat	ons of section sor sous, ritina	Juluib	.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Age	ent signature requir	red when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D	☐ D€LETE	1,1 TITLE				☐ Change	☐ Addition
NAME	SICHO, ROMAN A		1.2 NAME					
STREET ADDRESS	24271 CAPTAIN KIDD BLVD.		1.3 STREE	ET ADDRESS .	·			
CITY-ST-ZIP	PUNTA GORDA FL 33955		1.4 CITY-	ST-ZIP				
TILE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	SICHO, LUZ M		2.2 NAME	:	·			
STREET ADDRESS	ALAST CARTAIN HOR DIVE		2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL 33955	oth town .	2, 4 CITY-	-ST-ZIP			-	
TITLE		☐ DELETE	3.1 TITLE			,	Change	☐ Addition
NAME			3.2 NAME	:				
STREET ADDRESS			3.3 STREI	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME	,		4. 2 NAME	E				
STREET ADDRESS	İ			ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		. DELETE	5.1 TITLE				Change	Addition
NAME	1		5.2 NAME					
				ET ADDRESS				
STREET ADDRESS			5.4 CITY-	1		•		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE		ب محدده	6.2 NAME			•	_ ,	
NAMÉ	[ET ADDRESS				
STREET ADDRESS	ľ		6.4 CITY-					
	,		0.4 GHT-	ar-AP I				

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 emportered 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: ROMAN RIGICAL DURE THE WAR OF SECURING OFFICER OR DIRECTOR

3/26/99 Date (941) 575-7258

CR2E034 (11/98