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 # P9700069994

1. Corporation Name

PRODUCT DEVELOPMENT SPECIALISTS, INC.

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

04-20-1999 90085 016 ***150.00

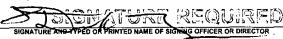


	<u></u>	- 							
Principal Place	e of Business	Mailing Add	iress						
1194 AZORA DRIVE 1194 AZORA DRIVE									
DELTONA FL 32725 DELTONA FL 32725							DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualifed		
							08/11/1997		
Principal Place of Business 2a. Mailing Address					· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For
	lace of Bushless	_ _	⊢ •				59-3461114		Not Applicable
Suite, Apt.	4 pto		Suite, Apt. #, etc.				<u> </u>		Additional
	#, etc.	_ ⊢ `	27				5. Certificate of Status Desired	•	Required
City & State	State				6 Clastica Commoion Singnoing \$5.00 May Da				
— ·	u	-	City & State				Trust Fund Contribution Added to Fees		
23 Zip	Country	Zip		Coun	trv		8. This corporation owes the current year In		
Zip	r	<u> </u>	30	_	.,		Personal Property Tax.	yes .	□No
24	9. Name and Address of Currel	29		<u>'1</u>			10. Name and Address of New Registered	Attent	
	9. Name and Address of Curren	it Kegistered Ag	leut	1	81 N	Vame	To: Italia dia Adai ada di Atali Rogi.		 -
RRAI	DDY, DENNIS			Ľ					
1194 AZORA DRIVE DELTONA FL 32725				[8	32 S	Street Address (P.O. Box Number is Not Acceptable)			
					83				
DEL	1010A 1 E 32/23			ľ					
				1	84 C	City		85 Zi	p Code
							FI	<u>- </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was auth	ionzed l	bv tne	amed corpor corporation	ration submits this statement for the purpose of submits the statement for the purpose of submits accept the appointment of the submits accept the	t changing intment as	its registered registered
-	•		•						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Re	gistered A	gent sig	nature required v			
12.	OFFICERS AF	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D		☐ DELETE	1,1 TITL	E			Chang	e
NAME	Braddy, Dennis			1.2 NAM	\$É				
STREET ADDRESS	1194 AZORA DRIVE			1.3 STR	EET ADO	DRESS			
CITY-ST-ZIP	DELTONA FL 32725			1.4 CiTY	-ST-ZIF	P			
TITLE			DELETE	2.1 TITL				Chang	e 🗋 Addition
NAME				2.2 NAW	Œ				
STREET ADDRESS				2.3 STR		DRESS			
	.a <u></u>			2. 4 CIT		,	<u>.</u>		
CITY-ST-ZIP TITLE			DELETE	3.1 TITL		H		Chang	e
				3.2 NAM					_
NAME						DDECC			
STREET ADDRESS				3.3 STR					
CITY-ST-ZIP			Delete		Y-ST-ZI	IP		☐ Chang	e 🔲 Addition
TITLE			☐ DELETE	4.1 ₹ITL		ł			C C Addition
NAME		•		4, 2 NAM					
STREET ADDRESS				4.3 STR	EET ADI	DRESS			
CITY-ST-ZIP					/- ST- <i>Z</i> IF	Р			
TITLE			□ DELÉTE	5.1 TITL				Chang	e Addition
NAME				5.2 NAW		ſ			
STREET ADDRESS			}	5.3 STR	EET ADI	DRESS			
CITY-ST-ZIP				5.4 CITY		Ρ			
TITLE			DELETE	6.1 TITL	E			☐ Chang	e
NAME				6.2 NAM	1E				
STREET ADDRESS				6.3 STR	EET ADI	DRESS	•		

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

CITY-ST-ZIP



407-860-2856