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 # P97000094991

1. Corporation Name

E-Z MANUFACTURING, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90029 031 ***150.00



Principal Plac	e of Business	Mailing Address				i idalida isa idili idali dan		
15373 ROOSEVELT BLVD. 15373 ROOSEVELT BLVD.						}		
CLEARWATER FL 33760 CLEARWATER FL 33760							_	
						DO NOT WRITE IN THIS SPAC	<u> </u>	
1:						3. Date Incorporated or Qualifed 11/05/1997		
2. Principal P	lace of Business	2a. Mailing Address				T E. Number	Applied Fo	ıc
21 26						11-271013	Not Applic	
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	te, Apt. #, etc.			# Cartifootta and to Donicad	75 Additions	ai
		27				F	e Required	
City & State		City & State	City & State				.00 May Be	
23		28					ided to Fees	
Zip 24	Country	Zip 29	Country 30			8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Curre					10. Name and Address of New Registered Agent		
	5. Italia and Addition of California			81	Name	· ·		
MAR	IINO, STEVEN		ŀ	82	Charat Ad	ddress (P.O. Box Number is Not Acceptable)		
15373 ROOSEVELT BLVD.				82	Street Ad	duress (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 33760			83	_			
				_			Zip Code	
			1	84	City	FL 85	Zip Code	Ĭ
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was a ations of, Section 607.0505, Flor	uthorized rida Statu	by tites.	ne corpora	orporation submits this statement for the purpose of changi ation's board of directors. I hereby accept the appointment	ng its registered	rea j
	Signature, typed or printed name of registered age			Agent	signature requ	uired when reinstating) DATE	TOTODO (N.	
12.		ND DIRECTORS	13.	1 57		ADDITIONS/CHANGES TO OFFICERS AND DIR		ddition
TITLE	PD OTENS	☐ DETE LE	1.1 111		1		ge	
NAME	MARINO, STEVEN		1.2 NA					1
STREET ADDRESS	I				ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33760			Y-ST	-ZIP		ange []A	ddition
TITLE	STD	□ Actese	2.1 111				g	}
NAME	MARINO, FRANK		2.2 NA					
STREET ADDRESS		•			ADORESS	•.		
CITY-ST-ZIP	CLEARWATER FL 33760	☐ DELETE	2.4 CF		[-ZIP		ange DA	ddition
TITLE		- Detrie	3.1 TIT			The second secon	, ,	-
NAME	1		3.2 NA		ADDDECC			
STREET ADDRESS	1.				ADDRESS			
CITY-ST-ZIP		☐ DELETE	3,4. Cl		-4r		ange	ddition
TITLE	1				Ì			}
NAME			4 2 N	MF		·		
CARLET FUUREOU			4, 2 N/		ADDRESS			i
STREET ADDRESS	·		4,3 ST	REET	ADDRESS			
CITY-ST-ZIP		□ DELETE	4,3 ST 4,4 CF	REET			iange 🗀 A	ddition
CITY-ST-ZIP		☐ DELETE	4,3 ST	REET Y-ST			ange □A	ddition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4,3 ST 4,4 CD 5,1 TD 5,2 NA	REET IY-ST LE ME			iange 🗌 A	dditian
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4,3 ST 4,4 CD 5,1 TD 5,2 NA	REET TY-ST LE ME REET	-ZIP ADDRESS		iange 🗌 A	dditian
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST	REET TY-ST LE ME REET TY-ST	-ZIP ADDRESS			addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH	REET Y-ST UE ME REET IY-ST UE	-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH 6.1 TH 6.2 NA	REET TY-ST LE ME REET TY-ST LE ME	-ZIP ADDRESS			

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: