## 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 # P97000095391

1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ROD PRODUCTS COMPANY, INC.

Principal Plac	e of Business	Mailing Address				A 18181 B1188 11518 (B181 1181 189)
401 N.E. MIZNER BOULEVARD PENTHOUSE 820 BOCA RATON FL 33432 401 N.E. MIZNER BOULEVARD PENTHOUSE 820 BOCA RATON FL 33432				,	DO NOT WRITE IN THIS	S SPACE
	. 2 50752	5550 00000			3. Date Incorporated or Qualifed 11/06/1997	
2, Principal P	Place of Business	2a. Mailing Addre	iss		4. FEI Number	Applied For
21		26			APPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	30	untry	This corporation owes the current year in Personal Property Tax.	ntangible MX Yes □No
24	25 25 9. Name and Address of Curre	29 Agent	[30]	1	10. Name and Address of New Registered	
	3. Name and Address of Guire	The trogisterod regular		81 Name		
ROD, ROBERT L 401 N.E. MIZNER BOULEVARD				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	-
PENTHOUSE 820				83	· · · · · · · · · · · · · · · · · · ·	
BOCA RATON FL 33432			•	84 City		85 Zip Code
				<del>                                     </del>		
	ro the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such chang ations of, Section 607.0	ge was authorize 505, Florida Sta	d by the corporatio tutes.	oration submits this statement for the purpose on so board of directors. I hereby accept the appoints	intrnent as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ D£	LETE 1.1 T	TILE		Change Addition
NAME	ROD, ROBERT L			IAME		
STREET ADDRESS	100000	20		TREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	□ DE		CITY-ST-ZIP		Change Addition
TITLE						
NAME				IAME STREET ADDRESS		1
STREET ADDRESS				CITY-ST-ZIP		,
CITY-ST-ZIP TITLE		□ DE				☐ Change ☐ Addition
NAME	·			IAME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP	Ì		3.4. (	CITY-ST-ZIP		
TITLE		□ DE	LETE 4.1 T	TILE		☐ Change ☐ Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	STREET ADDRESS	•	
CITY-ST-ZIP				XTY-ST-ZIP		
TITLE		□ DE				☐ Change ☐ Addition
NAME	,			IAME		
STREET ADDRESS				TREET ADDRESS		-
CFTY-ST-ZIP	-					Change Addition
THE	1			•		

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 the stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

May 03, 1999 8:00 am Secretary of State 05-03-1999 90113 032 \*\*\*150.00

