

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90069 012 ***150.00

DOCUMENT # P97000102876

1. Corporation Name

PLANETAL TECHNOLOGIES FLORIDA, INC.



Principal Place of Business
11996 NW 11TH STREET
PEMBROKE PINES FL 33026

Mailing Address
11996 NW 11TH STREET
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0799229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **9393 Chelsea Drive South**

Suite, Apt. #, etc.

22

23 City & State **Plantation FL**

24 Zip **33324** 25 Country **Broward**

2a. Mailing Address

26 **9393 Chelsea Drive South**

Suite, Apt. #, etc.

27

28 City & State **Plantation FL**

29 Zip **33324** 30 Country **Broward**

9. Name and Address of Current Registered Agent

LO-A-NJOE, SEFTON
11996 N.W. 11TH ST.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name **Lo-A-Njoe Sefton**
82 Street Address (P.O. Box Number is Not Acceptable)
9393 Chelsea Drive South
83
84 City **Plantation** FL 85 Zip Code **33324**

11. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, ORSON	
STREET ADDRESS	9393 CHELSEA DRIVE SOUTH	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, ERROL	
STREET ADDRESS	9393 CHELSEA DRIVE SOUTH	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LO-A-NJOE, SEFTON	
STREET ADDRESS	9393 CHELSEA DRIVE SOUTH	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lo-A-Njoe Sefton **4/30/99** **(904) 382-6949**