## 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 # P9800000160

1. Corporation Name

| ncipal Place of Business | Mailing Address      |  |  |
|--------------------------|----------------------|--|--|
| 32 GREENLEAF AVENUE      | 732 GREENLEAF AVENUE |  |  |
| NVERNESS FL 34450        | INVERNESS FL 34450   |  |  |

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90030 024 \*\*\*158.75

| HULLSM              | IUTTEKS UNLIMITED, INC                          | •                                      |                                     |   |  |
|---------------------|---|--|-------------------------------------|---|--|
| Principal Plac      | e of Rusiness                                   | Mailing Address                        |                                     |   | ist <b>eb</b> iti <mark>ebite</mark> t it <b>ere b</b> itat <b>be</b> tt t <b>ee</b> t |
| 732 GREENLEA        |   | 732 GREENLEAF AVENUE                   |                                     |   |  |
| INVERNESS FL        |   | INVERNESS FL 34450                     |                                     |   |  |
|                     |   | ************************************** |                                     | DO NOT WRITE IN TH                                | IIS SPACE  |
|                     |   |  |                                     | 3. Date Incorporated or Qualifed                  |  |
|                     |   |  |                                     | 01/02/1998  |  |
| 2. Principal P      | lace of Business                                | 2a. Mailing Address                    |                                     | 4. FEI Number                                     | Applied For  |
| 21                  |   | 26                                     |                                     | 65-0812250  | Not Applicable   |
| Suite, Apt.         | #, etc.   | Suite, Apt. #, etc.                    |                                     |   | \$8.75 Additional  |
| 22                  |   | 27                                     |                                     | 5. Certificate of Status Desired - 🛣 -            | Fee Required   |
| City & Stat         | e   | City & State                           |                                     | 6. Election Campaign Financing                    | \$5.00 May Be  |
| 23                  |   | 28                                     |                                     | Trust Fund Contribution                           | Added to Fees  |
| Zip                 | Country   | Zip                                    | Country                             | 8. This corporation owes the current year         | Intangible   |
| 24                  | 25  | 29                                     | 30                                  | Personal Property Tax.                            | ŬYes □No   |
|                     | 9. Name and Address of Curr                     | ent Registered Agent                   |                                     | 10. Name and Address of New Registere             | ed Agent   |
|                     | W   |  | 81 Name 7                           | ans Arnhe   |  |
| MILLIKEN, J. MURRAY |   |  |                                     | ens Arpke ess (P.O. Box Number is Not Acceptable) | <del></del>  |
| 107 S. PINE AVENUE  |   | oz Sileer Addit                        | 37 Green Leaf 1                     | 4ve,  |  |
| INVE                | ERNESS FL 34450                                 |  | 83                                  |   |  |
|                     |   |  |                                     |   | <del></del>  |
|                     |   |  | עת <i>ו</i> City   City             | rerness F   | 85 Zip Code  |
| 11. Pursuant        | to the provisions of Sections 607.0             | 502 and 607 1508. Florida Statutes     | the above-named come                | pration submits this statement for the purpose    | <del>- 1111</del>  |
| office or r         | egistered agent, or both, in the Sta-           | te of Florida. Such change was aut     | horized by the corporatio           | n's board of directors. I hereby accept the app   | pointment as registered  |
| agent. ra           | m familiar with, and accept the foli            | genons of, Section 607.0505, Flond     | da Statutes.                        |   | 00   |
| SIGNATURE           | Signature, tyled or printed name of egistered a | good and title if popherable (NOTE: S  | tegistered Agent signature required | yeloo rejectation) PATE                           | <del>-99</del>   |
| 12.                 |   | AND DIRECTORS                          | 13.                                 | ADDITIONS/CHANGES TO OFFICERS                     |  |
| TITLE               | D   | ☐ DELETE                               | 1,1 TITLE                           |   | Change Addition  |
| NAME                | ARPKE, JENS                                     |  | 1.2 NAME                            |   |  |
| STREET ADDRESS      | 732 GREENLEAF AVENUE                            |  | 1.3 STREET ADDRESS                  |   |  |
| CITY-ST-ZIP         | INVERNESS FL 34450                              |  |                                     |   |  |
| TITLE               | D   | ☐ DELETE                               | 1.4 CITY-ST-ZIP<br>2.1 TITLE        |   | Change Addition  |
|                     | ARPKE, AMY                                      | El Petric                              | l l                                 |   |  |
| NAME                |   |  | 2.2 NAME                            |   | )  |
| STREET ADDRESS      | 732 GREENLEAF AVENUE                            |  | 2.3 STREET ADDRESS                  |   |  |
| CITY-ST-ZIP         | INVERNESS FL 34450                              | ☐ DELETÉ                               | 2. 4 CITY-ST-ZIP                    |   | Change C Addition  |
| TITLE               |   | LI DELETE                              | 3.1 TITLE                           |   | ☐ Change ☐ Addition  |
| NAME                |   |  | 3.2 NAME                            |   |  |
| STREET ADDRESS      |   |  | 3.3 STREET ADDRESS                  |   | ,  |
| CITY-ST-ZIP         |   |  | 3.4. CITY-ST-ZIP                    |   |  |
| TITLE               |   | ☐ DELETE                               | 4.1 TITLE                           |   | ☐ Change ☐ Addition  |
| NAME                |   |  | 4.2 NAME                            |   |  |
| STREET ADDRESS      |   |  | 4.3 STREET ADDRESS                  |   |  |
| CITY-ST-ZIP         |   |  | 4.4 CITY-ST-ZIP                     |   |  |
| TITLE               |   | ☐ DELETE                               | 5.1 TITLE                           |   | ☐ Change ☐ Addition  |
| NAME                |   |  | 5.2 NAME                            |   |  |
| STREET ADDRESS      |   |  | 5.3 STREET ADDRESS                  |   |  |
| CITY-ST-ZIP         |   |  |                                     |   |  |
| 77.5                |   |  | 5.4 CITY-ST-ZIP                     |   |  |
| TITLE               |   | ☐ DELETE                               | 5.4 CITY-ST-ZIP<br>6.1 TITLE        |   | ☐ Change ☐ Addition  |
| NAME                |   | ☐ DELETE                               | 4                                   |   | ☐ Change ☐ Addition  |
|                     |   | ☐ DELETE                               | 6.1 TITLE                           | · · · · · · · · · · · · · · · · · · ·             | ☐ Change ☐ Addition  |

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:

Jens Arphe

1-6-99

352-726-6099