**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POROGOGOAGO

1. Corporation Name ALL PRO PUMP & MOTOR, INC.  Principal Place of Business 11812 TIMBERS WAY BOCA RATON FL 33428	Mailing Address 11812 TIMBERS WAY BOCA RATON FL 33428			WRITE IN THIS.SPACE	
* * * * * * * * * * * * * * * * * * * *			3. Date Incorporated or Qual		<del></del> -
<u>}</u>			01/01/1998		-
2. Principal Place of Business	2a. Mailing Address	<u></u>	4 FEI Number		Applied For
21	26		65-08080	25 T	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	d □ \$8.75	Additional
22	27		5. Certificate of Status Deale	Fee	Required
City & State	City & State		6. Election Campaign Finance		O May Be
23	28		Trust Fund Contribution	Adde	d to Fees
Zlp Country	Zip	Country	<ol><li>This corporation owes the</li></ol>		
24 25	29 3	0	Personal Property Tax.	✓ Yes	□No
9. Name and Address of Curren	t Registered Agent	nel N	10. Name and Address of No	w Registered Agent	<u></u>
DITTIED D.C.	•	B1 Name S-	teven M. St	ampler, C.1	P.A., P.A.
BUTLER, P. C . 3583 N.W. 9TH AVE.		82 Street Add	ress (P.O. Box Number is Not Acc	eptable)	
FT. LAUDERDALE FL 33309	•	83	115 N. NORTH	AKE DRIVE	
11. ENDERANCE TO GOODS		[83]			
		84 City . 117	11/V/10 - 1)	FI 85 Zi	2019
AA Theresand the annial and a Court and COT OF O	2 and 607 1509 Clouids Statutes	the shows named corr	poration submits this statement for	the purpose of changing	3019 tits registered
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate.	of Florida, Such change was aut	norized by the corporati	ion's board of directors. I hereby a	ccept the appointment as	registered
agent, I am familiar with, and accept the obligat	tions of, Section 607, youb, Frond	ia Statutes.			
1				2/2/99	
SIGNATURE SECURITY	tangeler	ogistared Agent signature require		3/2/99	
1	t and title if applicable. (NOTE: R			OFFICERS AND DIRECT	
SIGNATURE Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	ogistered Agent signature require	ed when remetating)	5/2/97	FORS IN 12
SIGNATURE SUperior printed name of registered agent  12. OFFICERS AN  TITLE PROSICENT	t and title if applicable. [NOTE: R. D DIRECTORS DELETE	ogssered Agent signature require 13.	ed when remetating)	OFFICERS AND DIRECT	FORS IN 12
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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 eddress with all other like empowered.

6.4 CITY-ST-ZIP

CTTY-ST-ZIP

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90034 027 \*\*\*150.00