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 # P9800003420

ADVANCED ROTOR TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1103 OAKRIDGE MANOR DRIVE

CITY-ST-Z/P

POST OFFICE BOX 280538

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90195 033 ***150.00



BRANDON FL 33511 TAMPA FL 33682-0538						DO NOT WRITE	E IN THIS SPACE			
•					3 Deta Incornal					
					3. Date Incorporated or Qualifed 01/13/1998					
•						0		T A E	ad For	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	348549	.7 -		ed For pplicable	
21 108		26 Suite, Apt. #, etc.	~		1		\$8		•	
Suite, Apt. #, etc. 27 27					5. Certifcate of Status Desired Fee Required					
City & State City & State					6. Election Cam	paign Financing		00 ма		
23 LENGWATER, 1 28				Trust Fund Contribution Added to Fees				ees		
Zip Country Zip				ry	8. This corporat	ion owes the curre		\.	,	
24 33762 25 VSA 29 30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent					No	
	9. Name and Address of Current R	egistered Agent		-1	10. Name and A	ddress of New Re	gistered Agent			
			8	1 Name	C LoxI	WILES				
AMERILAWYER				82 Street Address (P.O. Box Number is Not Acceptable)						
343 ALMERIA AVENUE				1103 OAKRIDGE MANOR DE						
COR	AL GABLES FL 33134		8							
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•	. •		8-		LOCOLIAS		FL 85	Zip Cod ၃국도		
11 Dureuant	to the provisions of Sections 607.0502 ar	nd 607.1508. Florida Statutes.	the abo		appation outbroits this	statement for the p	urnose of changin	o ite re	nistered	
office or re	existered exent or both in the State of F	londa. Such change was auth	onzea o	v tne corporati	ion's board of director	rs. I hereby accept	the appointment	is regis	tered	
agent. I ar	n familiar with, and accept the obligation	s of, Section 607.0505, Florida	Statute	: S.		- 11	// 00			
SIGNATURE		War Barble GIOTE Pa	nistared Ac	ent signature require	ed when reinstating)	7.	DATE		\	
12.	Signature, typed or ponted name or gistered agent and OFFICERS AND L		13.	ant aignature requir		HANGES TO OFF	ICERS AND DIRE	CTORS	5 IN 12	
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į	' -		1.2 NAME				_		ļ	
NAME	DAVIES, E. DIXON	•								
STREET ADDRESS	1103 OAKRIDGE MANOR DRIVE			ET ADDRESS						
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NAME	Institute, 1031		2.2 NAME							
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CITY-ST-ZIP	BRANDON FL 33511		3.4. C/TY			***			min a date	
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CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	inge	Addition	
NAME			6.2 NAME	.					ļ	
STREET ADDRESS			6.3 STRE	ET ADDRESS					í	

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.

6.4 CITY-ST-ZIP

SIGNATURE