


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90292 005 ***750.00

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|---|----------------|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000005533 1. Corporation Name ANDOR INDUSTRIES, INC. | | | | | |
| Principal Place of Business 19235 US 41 N. LUTZ FL 33549 | | | Mailing Address 19235 US 41 N. LUTZ FL 33549 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | |
| 3. Date Incorporated or Qualified 01/16/1998 | | | 4. FEI Number 65-0906131 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | Applied For Not Applicable | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 8. Name and Address of Current Registered Agent ANDERSON, CARL 19235 US 41 N. LUTZ FL 33549 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | Anderson, Carl | | <input type="checkbox"/> DELETE | | |
| NAME | 19235 US 41 N. | | PD | | |
| STREET ADDRESS | Lutz, FL 33549 | | ST | | |
| 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 | | | | | |
| 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: <u>Carl Anderson</u> <u>4-29-99</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (1/98)