PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1 corporation .	NENT # P98000 I PRODUCTS, INC.	009830	r							
Principal Place	of Business	Mailing Address					NAVA NORY NAVY NORY	F 18187 18181	FRAN 20 02 1891	
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6988 PINE BLOSSOM ROAD 6988 PINE BLOSSOM ROAD MILTON FL 32570 MILTON FL 32570										
	•						RITE IN THIS SI	PACE		,
1						3. Date incorporated or Qualife	ed .			} `
						01/30/1998		, , , . .		1
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			plied For	{
21		26				39–1789346		نصلحات	l Applicable	ļ
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		1
City & State		City & State				& Fleeting Computer Figuresia				1
23		28				Election Campaign Financin Trust Fund Contribution		\$5.00 Added t		}
Zip	Country	Zip	Co	untry	; 	This corporation owes the cr	ment year Intan	2. 24		 ==
24	25	29	30	,		Personal Property Tax.			□No	1
1241	9. Name and Address of Curren			1		10. Name and Address of New	r Registered Ag	ent .		1
				81	Name				_	}
ROPELLA, PATRICK 6988 PINE BLOSSOM ROAD				82	Street A	kiress (P.O. Box Number is Not Acce	atable 1			1
				ozi Street Audre		Riess (F.O. DOX 110most is 110t About	Julio,			i
MILTON FL 32570				83	1	· · · · · · · · · · · · · · · · · · ·				1
•				84	City			85 Zip 0	ode.	1
100					 ,] '		1
11. Pursuant to office or reg agent. I am	the provisions of Sections 807:050 jisterest agent, or both, in the State familiar with and accept the obliga-	2/and 607,1508, Florida Sta of Borida, Such change wa tight of, Section 607,0505,	atutes, the a as authorize Florida Sta	above d by tutes	e-named or the corpor	proporation submits this statement for the ation's board of directors. I hereby according to the statement of the statement for the statement of the statement	ne purpose of chappet the appointment	enging its sent as rec	registerød gistered	
SIGNATURE	gnature, typed or printed name of registered agen	it and title if applicable (N	OTE: Registere	d Ager	it signature req	ulred when reinstating)	DATE /	<u>/ </u>		Ía
12.		D DIRECTORS	13.	_		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE /	Potricis B. Rosella			1.1 TITLE 1.2 NAME				Change	☐ Addition	Ξ
NAME										8
STREET ADDRESS	6988 Pine Bloss	ion Rd.	135	TREE	ADDRESS					B
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STREET ADDRESS			2.3 S	TREE	ADDRESS					ł
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NAME			3.2 N							
STREET ADDRESS			335	TREET	AODRESS					,
CITY-ST-ZIP	* <u> </u>			ZTY-S	T-ZIP			104	- [-] Addition	
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STREET ADDRESS					ADDRESS				i	[
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NAME					ADORESS					1
STREET ADDRESS										
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CITY-ST-ZIP		☐ DELETE		(TY-81				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 supplier fental anytight report is true and that my signature shall have the same legal effect as it made under cath; that I am an officer or director of the corporation or the receiver of 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 on a state of the corporation of the co

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-983-4772

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90121 021 ***150.00