FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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NANOS MOTOR WERKS INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90085 030 ***150.00

•		V / 0 O C		•	, 1				
Principal Place		Mailing Address				_			
482	20 Alternate im Harbor FC	19 North	} -			20.10	T MOITE (\$1.71 III	0.004.05	
0.1	- Harbor Fl-	34683.					T WRITE IN THIS	S SPACE	
pall	WI MAIDER I C-	J (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				3. Date Incorporated or Q - 16 - 9			
2. Principal P	lace of Business	2a. Mailing Address			- ,	4. FEI Number	32	Ar	pplied For
21		26			<u>.,</u>	J9-24911	<u> </u>		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Det	sired 🗆	•	Additional equired
City & State	e	City & State				6. Election Campaign Fina	ancing	\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip T-⊊-≥ ∈	Country	Zip	Cai	ıntry			he current-year In	-	~,
24	25	29	30			Personal Property Tax.			∠ 2000
	9. Name and Address of Current	Registered Agent		1	·	10. Name and Address of	New Registered	Agent	
Colona	M. RAMDAS			81	Name	-			
				82	Street A	ddress (P.O. Box Number is Not	Acceptable)		
4820	Alternate 19	\mathcal{N} .							
. –				83					
pair	Harbor, FC.	04600.		84	City			85 Zip (Code
•					O.I.,		FŁ	_ "	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or femiliar with, and accept the obligation	f Florida. Such change was	authorized	d by t	-named corpor	orporation submits this statement ration's board of directors. I hereb	y accept the appo	ointment as re	registered gistered
SIGNATURE	PMULL Presi	devit					<u>3-25</u>	-55 <u>.</u>	
	Situation typed or printed name of registered agent			Agent	signature rec	uired when reinstating)	DATE		000 111 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	President	☐ DELETE	1.1 TI					☐ Change	☐ Addition
NAME	Glennm-RAM		1.2 N		- 1				
STREET ADDRESS	UBDO AILERNATE	-19 0		TREET	ADDRESS				
CITY-ST-ZIP	palm Harbor,	FC. 34683	1.4 C	TY-ST	-ZIP				FT1 4 4 400
TITLE		☐ DELETE	2.1 TI	πE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			2.40	ITY-ST	-ZIP				
TITLE		☐ DELETE	3.1 Ti	TLE				☐ Change	☐ Addition
NAME			3.2 N	AME	1				
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. 0	ITY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition
NAME			4. 2 N	AME	-				
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	TY-ST-	ZIP				
TITLE &		☐ DELETE	5.1 Ti	TLE				☐ Change	Addition Addition
NAME'.			5.2 N	AME					
STREET ADDRESS			5.3 ST	reet /	ADDRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	reet A	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP				
	ertify that the information supplied with	this filing does not qualify f	or the eve	matio	n stated i	n Section 119 07/3\(i) Florida Sta	tutes. I further ce	rtify that the in	nformation

indicated on this annual report or supplied with this limits does not quality 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.