

ANNUAL REPORT  
1999Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000018361

1. Corporation Name

INLAND VACUUM INDUSTRIES, INC.

Principal Place of Business

4400 BISCAYNE BOULEVARD  
MIAMI FL 33137

Mailing Address

4400 BISCAYNE BOULEVARD  
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0814666

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 HUNTER AVENUE

Suite, Apt. #, etc.

22 NO. 35

City &amp; State

23 CHURCHVILLE, NEW YORK

Zip

24 14428

Country

25 USA

2a. Mailing Address

26 HOWARD AVENUE

Suite, Apt. #, etc.

27 NO. 35

City &amp; State

28 CHURCHVILLE, NEW YORK

Zip

29 14428

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME TABERNILLA, ARMANDO A  
STREET ADDRESS 4400 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☒ DELETE  
NAME BEIER, THOMAS E  
STREET ADDRESS 4400 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/PRESIDENT ☐ Change ☒ Add  
1.2 NAME SALT, JOHN JOHN  
1.3 STREET ADDRESS 34 CARRWOOD, 1  
1.4 CITY-ST-ZIP KNUTSFORD, CHESHIRE U

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Add  
2.2 NAME YU, PETER  
2.3 STREET ADDRESS 224, RIMFORD ROAD  
2.4 CITY-ST-ZIP ROCHESTER 14626

3.1 TITLE DIRECTOR ☐ Change ☒ Add  
3.2 NAME MANGEFRIKA, CHARLES  
3.3 STREET ADDRESS 16, SHADYWOOD DRIVE  
3.4 CITY-ST-ZIP ROCHESTER 14606

4.1 TITLE SECRETARY ☐ Change ☒ Add  
4.2 NAME SHEARD, STEPHEN P  
4.3 STREET ADDRESS ELIZABETH CLOSE  
4.4 CITY-ST-ZIP NELSALL, CHESHIRE CW6 0PJ, UK

5.1 TITLE ☐ Change ☐ Add  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add  
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

6/22/99

Date

Daytime Phone #