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Jun 28, 1999 8:00 am
Secretary of State

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ANNUAL REPORT 1999



Secretary 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

2. Principal Place of Business
21 HUNTER AVENUE
 Suite, Apt. #, etc.
22 No. 35
 City & State
23 CHURCHVILLE, NEW YORK
 Zip Country
24 14428 25 USA

2a. Mailing Address
26 HOWARD AVENUE
 Suite, Apt. #, etc.
27 No. 35
 City & State
28 CHURCHVILLE, NEW YORK
 Zip Country
29 14428 30 USA

4. FEI Number
65-0814666 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TABERNILLA, ARMANDO A	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEIER, THOMAS E	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
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	0/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
1.2 NAME	SALT, COLIN JOHN	
1.3 STREET ADDRESS	34 CARWOOD, 1	
1.4 CITY-ST-ZIP	KNUTSFORD, CHESHIRE U	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
2.2 NAME	YU, PETER	
2.3 STREET ADDRESS	224, RIMFORD ROAD	
2.4 CITY-ST-ZIP	ROCHESTER 14626	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
3.2 NAME	MANGEFRIIDA, CHARLES	
3.3 STREET ADDRESS	18, SHAWWOOD DRIVE	
3.4 CITY-ST-ZIP	ROCHESTER 14606	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
4.2 NAME	SHEARD, STEPHEN P	
4.3 STREET ADDRESS	1 ELIZABETH CLOSE	
4.4 CITY-ST-ZIP	NEALSALL, CHESHIRE CW6 0PJ, UK	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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: STEPHEN P SHEARD SECRETARY 6/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #