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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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29

## DOCUMENT # P98000035411

Country

25

1. Corporation Name EQUI-TOX USA, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business Mailing Address

172 NORTH BELCHER ROAD

CLEARWATER FL 33765

Mailing Address

172 NORTH BELCHER ROAD

CLEARWATER FL 33765

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90094 026 \*\*\*150.00



	DO NOT WRITE IN TH	IS SPACE
	3. Date Incorporated or Qualifed 04/20/1998	
_	4. FEI Number 39 - 3507/09	Applied For
	39-3507109	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
	This corporation owes the current year Personal Property Tax.	intangible ☐ Yes ☐ No
	10. Name and Address of New Registere	d Agent

9. Name and Address of Current Registered Agent

81 Name

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

82 Street Address (P.O. Box Number is Not Acceptable)

83 ALMERIA AVENUE

84 City

Country

30

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 re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DE	LETE 1.1 TITLE	☐ Change ☐ Addition
NAME	MORTON, VICTORIA	1.2 NAME	
STREET ADDRESS	172 NORTH BELCHER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	1.4 CITY-ST-ZIP	
TITLE	☐ DE	LETE 2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADORESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	□ DE	LETE 3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	□ DE	LETE 4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	□ DE	LETE 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DE		☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-7IP	and the second second	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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

VICTORIA M MORTON

flas/95 727-9

Daytime Phone 8

CR2E034 (11/98)

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