

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90128 021 ***150.00

1. Corporatio	MENT # P980000 JPPLIES/ACCURATE FASTEN								
Principal Plac	ce of Business	Mailing Address				f ill Mith ha cam ameme emise meatr	Seitl Offit Stree ri	FID IBSIA 1841A I	indib mu idas
1900 DIVERSIF	RED WAY	1900 DIVERSIFIED WAY			1				
ORLANDO FL	32804	ORLANDO FL 32804	•			DO NOT W	RITE IN THIS S	SPACE	
						3. Date Incorporated or Qualifo			
						04/30/1998			1
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	0	App	plied For
21		26				65-08364	<u>4 1 </u>		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27						Fee Re	·
		City & State	-			8. Election Campaign Financin Trust Fund Contribution	9	: \$5.00 • Added ™	
23	Country	28	Cour	ntrv .		8. This corporation owes the c	rrent veet Intai		
Zip	Country 25	29	30	,		Personal Property Tax.			□No _
24 .	9. Name and Address of Current		1301			10. Name and Address of New	v Registered A	gent	
				81 Name					
	RELL, WILLIAM J ESQ.		ļ	82 Street	Addres	Address (P.O. Box Number is Not Acceptable)			
1601 FORUM PLACE						655 (F.O. DOX Manuscript Mark Property)			
	TE 1101	·	ĺ	83		÷			
WE	ST PALM BEACH FL 33401		ł	84 City			P*1	85 Zip C	ode
ł	·			1 1			FL	 	
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was a	uthorized	by the corp	oration	's board of directors. I hereby ac	ept the appoint	ment as reg	istered
agent. I a	•	ions of, Section 607.0505, Flo	rida Statu Registered	tes.	required v	when reinstating)**		esta di co	<u> </u>
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	rida Statu Registered 13.	tos. Agent signature	required v	ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTO	<u> </u>
SIGNATURE	Bignature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered	looni signature	required v	ADDITIONS/CHANGES TO	DATE OFFICERS AND	· fra	<u> </u>
SIGNATURE	Bignature, typed or printed name of registered agent OFFICERS AND OFFICERS AND APPLEBAUM, DANIEL L.	and title if applicable. (NOTE	13. 1.1 TIII 1.2 NA	Agent signature LE VIE	required v	when reinstating)	DATE OFFICERS AND	DIRECTO	<u> </u>
SIGNATURE 12.	Bignature, typed of printed name of registered agent OFFICERS AND APPLEBAUM, DANIEL L. 11230 WILES ROAD	and title if applicable. (NOTE	13. 1.1 TIII 1.2 NA 1.3 STI	Agent signature LE ME REET ADDRESS	required v	ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTO	<u> </u>
SIGNATURE 12. TITLE? IF G.: NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered agent OFFICERS AND OFFICERS AND APPLEBAUM, DANTEL L. 11230 WILES ROAD CORAL SPRINTES FI 33076	t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TTT 1.2 NA/ 1.3 STT 1.4 CTT	Agent algorature LE ME REET ADDRESS Y-ST-ZIP	P	ADDITIONS/CHANGES TO	DEFICERS AND	DIRECTOI	RS IN 12:
SIGNATURE 12. TITLE? H G: NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered agent OFFICERS AND OFFICERS AND APPLEBAUM, DANTEL L. 11230 WILES ROAD CORAL SPRINTES FI 33076	t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TTT 1.2 NA 1.3 STT 1.4 CTT 2.1 TTT	Agent signature LE ME ME SEET ADDRESS Y-ST-ZIP LE	P	ADDITIONS/CHANGES TO	DEFICERS AND	DIRECTOI	<u> </u>
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14. I hereby certify that the information supplied with this filing does not qualindicated on this annual report or supplemental annual report is true and officer or director of the corporation or the procept or trustee empowere Block 12 or Block 13 if changed, or on an attachment with an address.