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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046166

SPOT FREE PRODUCTS, INC.

Principal Place of Business	Mailing Addr

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90016 043 ***550.00



2. Principal Place of Business 2a. Mailing Address 4. FEI Number (1 - 0.8 49.069 Not Applied For	10139 NW 31ST STREET SUITE 101 CORAL SPRINGS FL 33065	1013 <u>9 NW 313T-STREET SUIT</u> CO <mark>RAL SPRINGS EL 330</mark> 65	E-101		DO NOT WRITE IN	THIS SPACE		
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9. Name and Address of Current Registered Agent KELSO. BILL 10139-NW 915T STREET SUFFE 101 CORAL SPRINGS FL 93085 44. City FLAVOK INC. FL 85 Zip-Corig 11. Pursuant to the provisions of Sections 807,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in the statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submits in statement for the purpose of changing its registered agent. In maillain with, any post-patch submit	Zip Country	Zip	Country	'	1	ear Intangible Ves	□No	
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12.	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 Statutoria. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and the observation of the observatio							
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE PLEY Change Addition ITTLE 23 STREET ADDRESS CITY-ST-ZIP CTANDER CTANDER STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP CTANDER CTANDER CITY-ST-ZIP CTANDER CTANDE	SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Ro	egistered Ager	nt signature requ	21100 471617 10210125			
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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 suppliemental 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:

XE REQUIRED SIGNING OFFICER OR DIRECTOR

Date