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

DOCUMENT # P98000053393

1. Corporation Name

CITY-ST-ZIP

INDUSTRIAL SYSTEMS OF FLORIDA INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90101 019 ***150.00



Principal Place	e of Business	Mailing Address		I (ESISSA) (10 1010) (Elit DEI) (Adit Adit Adit Adit Adit Adit Adit Adit) Bitat 1118 H (1118 ii	, ,	
3095 SPIREA S SARASOTA FL	т.	3095 SPIREA ST. SARASOTA FL 34231			·		
ON THE PROPERTY OF THE PROPERT				DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualifed 06/12/1998 			
2. Principal P	lace of Business	2a. Mailing Address	0-15-	4. FEI Number	Арр	lied For	
21 2309	9 INDUSTRIAL BLVD	26 3045 SP/	REA ST	65-0844573	Not	Applicable	
Suite, Apt.	≇, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac Fee Req	I	
City & State	ASOTA FL	28 ARASOT	4 FC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	, ,	
Zip 24 342	34 25 SARASOTA	Zip 3423/ 30	SARASOTA	This corporation owes the current year In Personal Property Tax.	Yes [□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	l Agent		
STELMACH, ANTHONY							
3095	5 SPIREA ST.		82 Street Address (P.O. Box Number is Not Acceptable)				
SAR	ASOTA FL 34231		83				
			84 City	····	85 Zip Co	ode	
				F	_	in mintare d	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Florida Such change was auth	orized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	ointment as regi	istered	
SIGNATURE				DATE:			
	Signature, typed or printed name of registered agent a	TO LIEU II DIPPORTE	gistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	PRESIDENT	DELETE	1.1 TITLE	ADDITIONS/GIANGES TO GIT ISENO A	☐ Change	Addition	
NAME	ANTHONY D. ST		1.2 NAME				
STREET ADDRESS	ZAAC SPIREAS	<i>Τ</i> ΄ (1.3 STREET ADDRESS			1	
CITY-ST-ZIP	SARASOTA FL	34231	1.4 CITY-ST-ZIP				
TITLE	SARASOTA FL VICE-PRESIDEN	T DELETÉ	2.1 TITLE		Change	☐ Addition	
NAME	16600 66 W SIE		2.2 NAME			}	
STREET ADDRESS	DANE SOIKEN	رد	2.3 STREET ADDRESS			1	
CITY-ST-ZIP	SARASOTA FL	.34231	2, 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change ~	- Addition	
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME			1	
STREET ADDRESS			4.3 STREET ADDRESS			'	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	The state of the s			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME			1	
STREET ADDRESS			5 3 STREET ADDRESS			}	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ OELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS			}	

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: