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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90011 006 ***150.00

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Octporation Hame	
SUPERSAT SOAP SYSTEMS, INC.	

Principal Place of Business Mailing Address **509 161ST AVENUE** 509 161ST AVENUE REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/22/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3517268 /35⁻39 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. _Certifcate.of, Status, Desired_ Fee Required HUdson oreida 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FLORIDA Judson Trust Fund Contribution Added to Fees Hudson 28 Country 8. This corporation owes the current year Intangible Yes ⊠No 466 Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AC Y TACY, VIRGINIA C Street Address (P.O. Box Number is Not Acceptable) 82 509 161ST AVENUE **REDINGTON BEACH FL 33708** 83 Zip Code 34667 84 85 City Hudson 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. Vinguisa C Signature, typed or print (NOTE: Registered Agent signature required when reinstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE TACY, JAMES E JR. 1.2 NAME NAME **509 161ST AVENUE** 1.3 STREET ADDRESS STREET ADDRESS **REDINGTON BEACH FL 33708** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 21 TM F Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727-398-0538

CR2E034 (11/98)