PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90112 015 ***150.00

r. Corporation	MENT # P98000 NMENTAL ELECTRONIC PR										
Principal Place	e of Business	Mailing Address					, ,		••••		
2198 MAIN STR		2198 MAIN STREET									
SARASOTA FL	34237	SARASOTA FL 34237	SAMASOTA PL 34237				DO NOT WRITE IN THIS SPACE				
							3. Date Ir co	orporated or Qualife	ed		
						ŀ	07/29/1	1998			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Numl				plied For
21		26					65-0	0853849			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifoate	of Status Desired		\$8.75 A	
City & Sat		City & State				£ Floation /	 Campaign Financin		\$5.00		
	e	28						Jampaign Financii nd Contribution	g 🗆	Added t	· .
23 Zip	Country	Zip	ntry				pration owes the current year Intangible				
24	25			J .		}	Personal Property Tax.				
	9. Name and Address of Currer	t Registered Agent					10. Name ar	d Address of Nev	v Registered	Agent	
	10011 0 0111107001150			81	Name						ĺ
	NSCH, P. CHRISTOPHER		-	82	Street A	Address (P.O. Box Number is Not Acceptable)					
	B MAIN STREET									,	
SAM	ASOTA FL 34237		\	83							1
										85 Zip (Code
								this statement for t	FL	e l	ragistered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	o' Florida. Such change was	authorized	by th	named o	corpora pration's	s board of cire	ectors. I hereby ac	cept the appo	intment as re	gistered
SIGNATURE			_								
	Signature, typed or printed nar ie of registered ager			Agent s	gent signatura required			IS/CHANGES TO	DATE	ND DIRECTO	6 S IN 12
TITLE	D JEFICERS AN	IC DIRECTORS ☐ DELETE	13.				ADDITION	13/CHANGES TO	<u> </u>	Change	Addition
NAME	GONZALEZ, BERNARDO			2 NAME							4= <i> </i>
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CITY-ST-ZIP	SARASOTA FL 34232			TY-ST-	- 1	V	enice.	Woodn 3	4293		1
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CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT							Change	Addition
NAME			6 2 NA	ME							
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OTTY OF 710			6.4 C/I	TY-ST-7	ZIP						

14. Thereby 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 receivar 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: _

Gonzalez Dir.