

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90010 012 ***550.00

DOCUMENT # **P98000073577**

1. Corporation Name

Incredible Products of Florida, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

August 20, 1998

4. FEI Number

59-3532875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5905-A Hampton Oaks Pkwy**

26 **5905-A Hampton Oaks Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tampa, FL**

28 **Tampa, FL**

Zip

Country

Zip

Country

24 **33610**

25 **USA**

29 **33610**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Kotha S. Sekharam

82 Street Address (P.O. Box Number is Not Acceptable)

6950 Bryan Dairy Road

83

84 City

Largo

FL

85 Zip Code

33777

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.

SIGNATURE

Kotha S. Sekharam
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Kotha S. Sekharam 5/24/99

12. OFFICERS AND DIRECTORS

TITLE **Pres, Director** ☒ DELETE
NAME **Gary A. Shawkey**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary, Treasurer** ☒ DELETE
NAME **Can I. Shuman**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director, President** ☐ Change ☒ Addition
1.2 NAME **William LaGamba**
1.3 STREET ADDRESS **6950 Bryan Dairy Road**
1.4 CITY-ST-ZIP **Largo, FL 33777**

2.1 TITLE **Director, VP** ☒ Change ☒ Addition
2.2 NAME **Jugal K. Taneja**
2.3 STREET ADDRESS **6950 Bryan Dairy Road**
2.4 CITY-ST-ZIP **Largo, FL 33777**

3.1 TITLE **Director** ☒ Change ☒ Addition
3.2 NAME **mihir Taneja**
3.3 STREET ADDRESS **6950 Bryan Dairy Road**
3.4 CITY-ST-ZIP **Largo, FL 33777**

4.1 TITLE **Secretary, Treasurer** ☐ Change ☒ Addition
4.2 NAME **Bill Brewer**
4.3 STREET ADDRESS **6950 Bryan Dairy Road**
4.4 CITY-ST-ZIP **Largo, FL 33777**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

William L. LaGamba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. LaGamba 5/24/99

President

727/544-8864

Daytime Phone #

CR2E034 (11/98)