

FILED
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Secretary of State

04-30-1999 90123 042 ****150.00

DOCUMENT - 1

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA
 DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000085582

1. Corporation Name
FOTON, INC.

Principal Place of Business
 10765 SOUTHWEST 56TH STREET
 MIAMI FL 33165

Mailing Address
 10765 SOUTHWEST 56TH STREET
 MIAMI FL 33165

3. Date incorporated or Qualified

10/05/1998

4. FEI Number

65-0870087

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

PELLICANE, ANTHONY
 10765 SOUTHWEST 56TH STREET
 MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signatures, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☐ DELETE
 NAME *Anthony J. Pellicane*
 STREET ADDRESS *10765 SW 56th Street*
 CITY-ST-ZIP *Miami FL 33165*

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 *President* ☐ Change ☒ Addition
 1.2 NAME *Anthony J. Pellicane*
 1.3 STREET ADDRESS *10765 SW 56th Street*
 1.4 CITY-ST-ZIP *Miami FL 33165*

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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:

Anthony J. Pellicane
 REGISTERED AGENT

4/26/99

Daytime Phone

CR2034 (1/98)