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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000103198 1. Corporation Name MAYNE KICED ENTERDRICES INC

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90093 049 ***150.00

| WATER | IJER ENTERFRIJES, INC | | | | | | | | | |
|------------------------------------|---|--------------------------|--------------------------------------|------------|-----------|----------------|----------|--|---|--|
| Principal Place | of Business | Mailing Address | | | | | | | | |
| 775 59 AVE W. RADENTON FL | 34210 | | 3775 59 AVE W. Bradenton Fl 34210 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | 3. Date Incorporated or Qualifed 12/07/1998 | | |
| 2. Principal Pl | ace of Business | 2a. Mail | 2a. Mailing Address | | | | | 4. FEI Number App | lied For Applicable | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired Fee Rec | | |
| City & State | 9 | City | City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | Country 25 | Zip | | Co. | intry | | | 8. This corporation owes the current year Intangible Personal Property Tax. | ∐No | |
| 24 | 9. Name and Address of Curr | | Agent | 1001 | Т | | | 10. Name and Address of New Registered Agent | | |
| | a. Maine and Address of Cult | ent registeret | - Agent | | 81 | Name | | | | |
| KISER, CLIFTON W 3775 59 AVE W. | | | | | 82 | | Addres | ess (P.O. Box Number is Not Acceptable) | | |
| | ENTON FL 34210 | | | | | | | | | |
| | | | | | 84 | City | | FL 85 Zip C | ode | |
| office or r agent. I a | to the provisions of Sections 607.0: egistered agent, or both, in the Stat m familiar with, and accept the obli | te of Florida. Su | ich change was a | utnonze | a ov | the corbo | corpor | oration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as reg | egistered istered | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applic | able. (NOTÉ | Registered | Agen | t signature re | quired w | when reinstating) DATE | | |
| 12. | OFFICERS A | AND DIRECTO | RS | 13. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| TITLE | | | DELETE 1.1 | | 1.1 TITLE | | P | 257P Change | Addition | |
| NAME | | | 1 | | 12 NAME | | 41 | IAYNE KISZA | | |
| STREET ADDRESS | | | | 1.3 \$ | TREET | ADDRESS | 37 | 775-59 th 40 W | | |
| CITY-ST-ZIP | | | | 1.4 0 | TY-\$1 | r-ZIP | (| Bradenton F1 34216 | | |
| TITLE | Γ | | ☐ DELETE | 2.1 T | 2.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | | 2.2 N | AME | l | | | | |
| STREET ADDRESS | | | | 2.3 \$ | TREET | ADDRESS | | ,- | _ | |
| CITY-ST-ZIP | | | | 2.40 | CITY-S | T-ZIP | | | | |
| TITLE | | | ☐ DELETE | 3.1 T | ITLE | | | Change | Addition | |
| NAME | | | | 3.2 N | AME | 1 | | | | |
| STREET ADDRESS | | | | 3.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4. 0 | CITY-S | T-ZIP | | F- 4: | - same - | |
| TITLE | | | ☐ DELETE | 4.1 T | | | | Change | ☐ Addition | |
| NAME | | | | 4, 21 | AME | | | | | |
| STREET ADDRESS | | | | 4.3 \$ | TREET | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | | TY-S | T-ZIP | | | J 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| TITLE | | | ☐ DELETE | 5.1 T | | ſ | | ☐ Change | Addition | |
| NAME | | | | | IAME | | | | | |
| STREET ADDRESS | | | | | | ADORESS | | | | |
| CITY-ST-ZIP | | · | | | ITY-S | T-ZIP | | | ☐ Addition | |
| TITLE | | | ☐ DELETE | | IILE | | | ☐ Change | ☐ Addition | |
| NAME | | | | | IAME | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 6.4 0 | CITY-S | T-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:

3-2-99

795-2343