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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S52607

1. Corporation Name
HEATSHIELD TECHNOLOGIES, INC.

Principal Place of Business
2001 W SAMPLE ROAD
STE 300
POMPANO BCH FL 33064
US

Mailing Address
2001 W SAMPLE ROAD
STE 300
POMPANO BCH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

4. FEI Number

65-0260821

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

21 Highway 270

22 P.O. Box 208

23 Jones Mill, AR

24 72105 Country USA

2a. Mailing Address

26 P.O. Box 8544

27 Suite, Apt. #, etc.

28 Coral Springs, FL

29 33075 Country USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME ARENA, PAUL R.
STREET ADDRESS 2001 W SAMPLE ROAD
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE T
NAME ZOLOTO, LEIGH S
STREET ADDRESS 2001 W SAMPLE ROAD
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE D
NAME AUSTIN, JAMES L.
STREET ADDRESS 9 GREEN ACRE LANE
CITY-ST-ZIP WESTPORT CT

TITLE D
NAME PURCELL, E W
STREET ADDRESS 170 TALL TREES DRIVE
CITY-ST-ZIP BARRINGTON IL 60010

TITLE D
NAME BRASWELL, AL
STREET ADDRESS 1977 N. GAREY AVE
CITY-ST-ZIP PONOMA CA 91767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 128 HAMILTON PLACE
1.4 CITY-ST-ZIP HOT SPRINGS, AR 71913

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

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

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

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

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

LAMB THEODORE
6705 POLO DRIVE
CUMMING, GA 30040

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)