## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S53144

POL LUX LABS, INC.

FILED	
Apr 22, 1999 8:00 a	ım
Secretary of State	

04-22-1999 90030 032 \*\*\*150.00



Principal Place of Business Mailing Address							
8011 MONETARY DRIVE 8011 MONETARY DRIVE							
A-1 A-1				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
riviera Beach I US	FL 33404	RIVIERA BEACH FL 33404 US			3. Date Incorporated or Qualifed		
05					05/15/1991	}	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applie	d For	
<del></del>					plicable		
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			_ <b>\$8.75</b> Add	itional			
22					5. Certificate of Status Desired Fee Requi	red	
City & State City & State				6. Election Campaign Financing 55.00 Ma	у Ве		
23 28				Trust Fund Contribution Added to F	ees		
Zip	Country Zip Coun		Country		8. This corporation owes the current year Intangible		
24	25	29 30	<u> </u>		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		-:-	10. Name and Address of New Registered Agent		
	MONE MOUNEL M. 500		81	Name	e		
MITRIONE, MICHAEL V., ESQ.			82	Street	Street Address (P.O. Box Number is Not Acceptable)		
777 S. FLAGLER DR.			L				
SUITE 500 EAST		83					
WE2	T PALM BEACH FL 33401		84	City	FL 85 Zip Coo	le	
		1007.1500 51 11 01.4.4.	**		d corporation submits this statement for the purpose of changing its reg	istered	
office or n	egistered agent, or both, in the State o	f Florida. Such change was autho	onzed by	the corb	poration's board of directors. I hereby accept the appointment as regist	ered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	•	Control of the second of the s	`   <i>'</i>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	istered Ager	t signature r	e required when reinstating) DATE	— í	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Addition	
NAME	HREBENAK, GLENN		1.2 NAME		Romald J. Costello	Ì	
STREET ADDRESS	119 SUN MEADOW ROAD		1.3 STREE	TADDRESS	s 2431 24th Court		
CITY-ST-ZIP	GREER SC		1.4 CITY-S	T-ZIP	Jupiter, PL 33477		
TITLE	٧	☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME	BONINO, MICHAEL		2.2 NAME			Í	
STREET ADDRESS	16673 75TH WAY NORTH 3		2.3 STREE	ADDRESS	S	ł	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TTTLE		∴ Change	☐ Addition	
NAME			3.2 NAME			1	
STREET ADDRESS			3.3 STREE	T ADDRESS	ss		
CITY-ST-ZIP	1		3.4. CITY-5	T-ZIP		[m] Addition	
TITLE	☐ DELETE 4.1 T		4.1 TITLE		. Change	Addition	
NAME			4. 2 NAME		·		
STREET ADDRESS		•	4.3 STREE	TADORESS	rs		
CITY-ST-ZIP	1		4.4 CITY-S	T-ZIP		CT Addition	
TITLE			5.1 TITLE		. Grange	Addition	
NAME			5.2 NAME				
STREET ADDRESS	55			TAODRESS	×		
CITY-ST-ZIP	`		5.4 CITY-S	T-ZIP	☐ Change	Addition	
TITLE		☐ DELETE	6.1 TITLE			- Longingin	
NAME ·			6.2 NAME	* +BB0F0-		1	
STREET ADDRESS	,			T ADDRESS	>>	j	
l	i		64 CITY-S	T-7IP	I .		

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.