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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S64995

## **FILED** Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90055 047 \*\*\*150.00

Corporation     PERMAT.	ANK TECHNOLOGIES, INC.							I LABOLATO FIA OTILI OFOTO FRIND LABO	DANG BROKEN	<u> </u>	10 H A (1		
Principal Place of Business Mailing Address						7	[	1 ( # 8) ( \$   4   \$   \$   \$   \$   \$   \$   \$   \$			1811 Bin	11 0/01/1001	
11801 ELYSSA RD P. O. BOX 290676													
THONOTOSASSA FL 33592 TAMPA FL 33687								DO NOT WRITE IN THIS SPACE					
US US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
							Ì	07/01/1991				ĺ	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number			Appl	ed For	
21	lace of Dusilless	26						<del>   </del>			<u> </u>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					-+			\$8.7	5 Ad	ditional	
22		27						5. Certifcate of Status Desired		Fee	Requ	uired	
City & State	e		City & State					6. Election Campaign Financing \$5.00 May Be					
23		28						Trust Fund Contribution Added to Fees					
Zip	Country	Z	Zip Cou			ountry		8. This corporation owes the curren	t year In				
4 25		29						Personal Property Tax.		☐ Yes		No	
	9. Name and Address of Curren	t Register	gistered Agent		-	<b>M</b>	1	10. Name and Address of New Re	gistered	Agent			
ете	DAIC DANOV K				81	Name		•					
STERNS, RANDY K. 220 SOUTH FRANKLIN STREET					82	Street Add	dress (P.O. Box Number is Not Acceptable)						
	PA FL 33602												
I WAIN	FA FL 33002				83				٠.		* 3.		
					84	City		रहा ले क्ष	C I	85	Zip Co	de -	
L			1600 51-11-61-1	- 41				tion out with this statement for the ou	25.3 L	- Changin	ite re	gistored	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. ions of, S	Such change was a lection 607.0505, Flo	ies, ine iuthoriz orida St	ed by tatutes	the corporat	ation's	board of directors. I hereby accept to	he appo	intment a	s regi	stered	
SIGNATURE									DATE				
	Signature, typed or printed name of registered agen		<del></del>			t signature requir	Jired Wh	ADDITIONS/CHANGES TO OFFI		ND DIREC	CTOR	S IN 12	
12.	OFFICERS AND DIRECTORS  DP			_	13.			ADDITIONS/GITANGES TO GITA	OLIVO AI	☐ Char		Addition	
NAME	DAVID T PALAZZO			1.2 NAME					_	•			
	11801 ELYSSA RD				3 STREET ADDRESS								
STREET ADDRESS	THONOTOSASSA FL				1.4 CITY-ST-ZIP							Į	
CITY-ST-ZIP TITLE	D DELETE			2.1 TITLE			<del></del>		Char	ıge	Addition		
NAME	DAVID L REDMOND		ı	NAME	- (						-		
STREET ADDRESS	11801 ELYSSA RD THONOTOSASSA FL					2.3 STREET ADDRESS							
CITY-ST-ZIP				- 1		CITY-ST-ZIP						j	
TITLE		VST DELETE		_	TITLE					Char	nge	☐ Addition	
NAME	JAN G BURNETT			3.2	NAME								
STREET ADDRESS	11801 ELYSSA RD		1		ET ADDRESS								
CITY-ST-ZIP	THONOTOSASSA FL			3.4	3.4. GITY-ST-ZIP								
TITLE			TITLE					Char	nge	Addition			
NAME		4.2		2 NAME							ļ		
STREET ADDRESS				4.3	STREET	FAODRESS						ļ	
CITY-ST-ZIP	<b>i</b>		4.4	4.4 CITY-ST-ZIP									
TITLE			5.1 πLE					Char	nge	Addition			
NAME				52	NAME	}							
STREET ADDRESS				5.3	STREET	T ADDRESS							
CITY-ST-ZIP					5.4 CITY-ST-ZIP								
TITLE	_ <del>_</del> <del></del>		☐ DELETE		ITTLE					Char	nge	☐ Addition	
NAME					NAME							l	
STREET ADDRESS				6.3	STREET	ADDRESS							
CITY-ST. ZIP				6.4	CITY-S1	T-21P							

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: