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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

C(1Y+S1-74P



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S88580

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PENULTIMATE PRODUCTS, INC.

Principal Plane of Business Mailing Address								
15212 79TH COURT N LOXAHATCHEE FL 33470 US 15212 79TH COURT N LOXAHATCHEE FL 33470-4433 US				33				
•						3. Date Incorporated or Qualified 10/18/1991	3a. Date of La: 03/19/199	
2. Principal Place of Business 2a.			ddress			4. FEI Number		Applied For
21		26				65-0290566		Not Applicable
Suite, Apt	#, etc	Suite, Ap	i. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	6	City & St	ate			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip		Country	'	8. This corporation has liability for	intangible taxund	ər s. 199.032,
24	25	29	3	10		Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New Re	gistered Agent	
POR	ITER, WILLIAM			81	Name			
15212 79TH COURT N				82	82 Street Address (P.O. Box Number is Not Acceptable)			
LOX	AHATCHEE FL 33470							
				84	City	ALL CALLS AND THE TOTAL CONTROL OF THE TOTAL CONTRO	85	Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, F e of Florida. Such c	Florida Statutes change was au	s, the above thorized by	e-named cor the corpora	poration submits this statement for the partion's board of directors. I hereby acception's	ourpose of changir of the appointment	ig its registered I as registered
-	im ram liar with, and accept the oblig	gations of, Section	607.0005, FIGH	ioa Statutes	э,			
SIGNATURE	Signature: typed or printed name of registered ag	ent and tec if applicable	(NOTE:	Registered Age	ent signature requ	ired when reinstaling)	DATE	
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	TORS IN 12
1111.6	D		DELETE	1.1 TITLE			Char	nge 🔲 Addition
NAME	PORTER, WILLIAM			1.2 NAME				
STREET ADDRESS	15212 79TH COURT N			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE FL			1.4 City - S	1 - 21P			
TiTLE	PST		DELETE	2.1 TITLE			☐ Char	nge 🔲 Addition
NAME	PORTER, WILLIAM			2 2 NAME				
STREET ADDRESS	15212 79TH COURT N			2.3 STREET	ADDRESS			
CITY ST-765	LOXAHATCHEE FL			2 4 CiTY-	ST-ZIP	u' "		
TITLE			DELETE	31 TITLE			☐ Char	nge 🔲 Addition
NAME				32 NAME		•		
STREET ADDRESS				33 STREET	ADDRESS	•		İ
City-St-7iP				3.4. DITY-	ST-ZIP			
III.E			DELETE	41 TITLE			Char	ige 🔲 Addition
NAME		_		4 2 NAME]			
STREET ADDRESS				4.3 STREET		-		
CITY-\$1-ZIP				4.4 CITY - S				
TITLE			DELETE	5 1 TITLE	i - Eli		Char	nge
NAME		h		5.2 NAME		•	 +	-
				5.3 STREET	ADORECC			•
STREET ADDRESS								
CHY-ST-ZIP		T	DELETE	5.4 CITY-S 6.1 TITLE	51- ZIP		Char	nge Addition
TIFLE		L	المناد ال	6 2 NAME			Onto	- <u> </u>

SIGNATURE: PORTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do nereby 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.