


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90002 042 \*\*\*550.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                         |  |
| <b>DOCUMENT # V11345</b><br>1. Corporation Name<br><b>PISTOLENZ CORP.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>321 E WEBSTER AVE<br/>WINTER PK FL 32789<br/>US</b>  |  |   | Mailing Address<br><b>POB 881<br/>WINTER PK FL 32790<br/>US</b> |  |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br><b>02/03/1992</b>   |  |
| 21   |  | 26  |   | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   | Applied For<br>Not Applicable  |  |
| 22   |  | 27  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                  |  |
| City & State   |  | City & State  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |  |
| 23   |  | 28  |   | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Zip  |  | Country   |   |  |  |
| 24   |  | 25  |   |  |  |
| 9. Name and Address of Current Registered Agent  |  |   | 10. Name and Address of New Registered Agent                    |  |  |
| <b>STILL, JR J K<br/>CLEARLAKE PLAZA, STE 600<br/>500 AUSTRALIAN AVE S<br/>WPB FL 33401</b>  |  |   | 81 Name   |  |  |
|  |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)           |  |  |
|  |  |   | 83  |  |  |
|  |  |   | 84 City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS   |  |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |   |   |  |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 1.2 NAME   |  |   |   |  |  |
| 1.3 STREET ADDRESS   |  |   |   |  |  |
| 1.4 CITY-ST-ZIP  |  |   |   |  |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 2.2 NAME   |  |   |   |  |  |
| 2.3 STREET ADDRESS   |  |   |   |  |  |
| 2.4 CITY-ST-ZIP  |  |   |   |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 3.2 NAME   |  |   |   |  |  |
| 3.3 STREET ADDRESS   |  |   |   |  |  |
| 3.4 CITY-ST-ZIP  |  |   |   |  |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 4.2 NAME   |  |   |   |  |  |
| 4.3 STREET ADDRESS   |  |   |   |  |  |
| 4.4 CITY-ST-ZIP  |  |   |   |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 5.2 NAME   |  |   |   |  |  |
| 5.3 STREET ADDRESS   |  |   |   |  |  |
| 5.4 CITY-ST-ZIP  |  |   |   |  |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 6.2 NAME   |  |   |   |  |  |
| 6.3 STREET ADDRESS   |  |   |   |  |  |
| 6.4 CITY-ST-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. |  |   |   |  |  |
| SIGNATURE _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |  |  |



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)