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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V23540**

1. Corporation Name

ANALYTIC APPARATUS CORPORATION

Principal Place	of Business	Mailing Address				
6073 NW 167 S	т	5851 SW 163RD AVE				
STE C-21		FT LAUDERDALE FL 33331			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33015 US				3. Date Incorporated or Qualifed	\neg	
US					03/23/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number Applied For	
21		26			65-0320336 Not Applicabl	е
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
22		_ 27			A	- ·
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	
24	25	29 3	10		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curren	_ 	-		10. Name and Address of New Registered Agent	
	V. Hallic 2110 11001000 01		8	Name		
ROTI	HERMEL, WILLIAM F.				(P. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	-
	SW 163RD AVE		18	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	AUDERDALE FL 33331		ε	13		
	, .	•	L		85 Zip Code	
	,			34 City	FL _	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	, the abo	ove-named corp	oration submits this statement for the purpose of changing its registered	İ
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	honzed t	ov tne corporation	on's board of directors. I hereby accept the appointment as registered	
_	in latinial with, and accept the conga-	1013 01, 0000011 001.0000, 1 long	ou outur			
SIGNATURE						
1	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	Registered A	gent signature require	d when reinstating) DATE	
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: R	Registered A	gent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.			<u> </u>	<u>-</u>	The state of the s	on 6
TITLE	OFFICERS AN	D DIRECTORS	13.	E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on 64 75 7
TITLE NAME	OFFICERS AN PT ROTHERMEL, WILLIAM F.	D DIRECTORS	13. 1.1 TITL 1.2 NAM	E E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	90 (44,000)
TITLE NAME STREET ADDRESS	PT ROTHERMEL, WILLIAM F. 5851 SW 163RD AVE	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI	E E EET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	90, 44,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROTHERMEL, WILLIAM F. 5851 SW 163RD AVE FT LAUDERDALE FL	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	E E EET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	, 100,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT ROTHERMEL, WILLIAM F. 5851 SW 163RD AVE FT LAUDERDALE FL D	D DIRECTORS	13. 1.1 TITLL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL	E EET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	, 100,000
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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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

1000年11日日 13日

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Addition