2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # V23540 1. Entity Name 04-28-2004 90280 005 ***150.00 ANALYTIC APPARATUS CORPORATION Principal Place of Business Mailing Address 5851 SW 163RD AVE 6073 NW 167 ST FT LAUDERDALE FL 33331 **STE C-21 MIAMI FL 33015** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0320336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTHERMEL, WILLIAM F. Street Address (P.O. Box Number is Not Acceptable) 5851 SW 163RD AVE FT LAUDERDALE FL 33331 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. PRESIDENT 26,2004 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition ROTHERMEL, WILLIAM F. NAME NAME 5851 SW 163RD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-7IP D TITLE Delete TITLE ☐ Change Addition ROTHERMEL, WILLIAM F. NAME NAME STREET ADDRESS 5851 SW 163RD AVE STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change X Addition ROTHERMEL WILLIAM F. 5851 SW. 163 RD AVE. NAME ROTHERMEL, BARBARA M NAME STREET ADDRESS 5851 SW 163RD AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP 33331 T. LAUDERDALE FL TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

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changed, or on an attachment with an address, with all other like empowered 305 totherme SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental 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 10 or Block 11 if