COND 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).

**PROFIT** CORPORATION ANNUAL REPORT

1999

**IGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90008 030 \*\*\*550.00

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OCUMENT # V34586

FLORIDA R&D INC.						ł	30 1317 90000 - 30	1		
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ncinal Plac	e of Business	Mailing A	ddress			<del>_</del>		- 1 1881 1 811888 1111 81881 81181 1810 8119 8110 8111 81811 81811 81811 81811	l didii loo	
•		. •								
Carriage RD. 429 Carriage RD. Ellite Beach Fl 32937 Satellite Beach Fl 32937							1	<u> </u>		
The second secon								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								05/05/1992		
Principal Place of Business 2a, Mailing Address								4. FEI Number Appl	ied For	
1401				HAI	HARBOR CITY			<u> </u>	Applicable	
Suite, Apt.	suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75 Ac	,	
	06	27	606					Fee Keq		
City & Sta			State			~- ~-	_	6. Election Campaign Financing \$5.00 N		
ME	BOURNE FL		ELBOURNE		<u>-L</u>			Trust Fund Contribution	Fees	
Zip	Country	Zip	רייכי -	Cou	ntry			8. This corporation owes the current year Intangible Personal Property.  Yes		
<u>3</u> 2		29 329	<del></del>	30	•	<del></del>			NO	
	9. Name and Address of Current	Registered /	Agent		81	Name		10. Name and Address of New Registered Agent	<del></del>	
IAC	ORS WILLIAM E				"	Hallie		<u> </u>		
JACOBS, WILLIAM E. 429 CARRIAGE RD.					82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
	ELLITE BEACH FL 32937				83					
OA11	LEGIE BEACHTE SESSI				83					
					84	City		FL 85 Zip Co	ode	
- Pursuan	t to the provisions of sections 607.0502	and 607.1508	, Florida Statutes	, the ab	ove-	named co	прога	ation submits this statement for the purpose of changing its regin's board of directors. I hereby accept the appointment as regi	stered	
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Suc	ch change was au	ithorized	d by	the corpo	ration	n's board of directors. I hereby accept the appointment as regi	stered	
-	an raminar with and acceptine obligation	10113 UI, 36CUI	11 (00,000, 110)	iua Otat	ių ies	••		7/4/09		
GNATURE	Signature, typed or printed pame of registered agent a	and title if applicab	le. (NOT	E: Registe	red A	gent signature	require	red when reinstating) DATE		
	OFFICERS AND	DIRECTOR	s	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
E.	P		DELETE	f.t T/1	îιΕ	Ì		Change L	Addition	
AE .	JACOBS, WILLIAM E.			1.2 NA	ME	ļ				
EET ADDRESS	429 CARRIAGE RD.			1.3 ST	REET	ADDRESS			}	
/-ST-ZIP	SATELLITE BEACH FL			1.4 CF	TY-ST-	-ZIP				
.E	V		DELETE	2.1 TIT	TLE			Change	Addition	
Æ	TAYLOR, MARK			2.2 NA	ME	į			1	
EET ADDRESS	1901 HARBOR CITY BLVD STE 6	<b>305</b>		2.3 ST	REET.	ADDRESS				
Y-ST-ZIP -	MELBOURNE FL.			2 4 CI	TY-ST-	-ZIP				
.E	S .		DELETE	3.1 TI	πE	Ţ		Change [	Addition	
ΛE	BADZICK, RICHARD			3.2 NA	ME					
EET ADDRESS	1901 HARBOR CITY BLVD STE 6	609		3.3 ST	REET	ADDRESS				
Y-ST-ZIP	MELBOURNE FL			3.4 CT	TY-ST	-ZIP				
.E		<u> </u>	DELETE	4.1 TIT	TLE	[		Change [	Addition	
ME.				4.2 NA	ME	- 1				
EET ADDRESS	}			4.3 ST	REET	ADDRESS			-	
Y-ST-Z!P					TY-ST-	-ZIP			1	
.E	<u> </u>			4.4 CI		<del></del>				
ŧΕ			DELETE	4.4 CI		-		Change [	Addition	
EET ADDRESS			DELETE		TLE			Change	Addition	
			DELETE	5.1 TI	TLE VME	ADDRESS		Change	Addition	
Y-ST-ZIP			DELETE	5.1 TI	TLE WE REET	ADDRESS		Change	Addition	
Y-ST-ZIP .E			DELETE DELETE	5.1 TO 5.2 NA 5.3 ST	TLE NME REET TY-ST	ADDRESS		Change	Addition Addition	
				5.1 TO 5.2 NA 5.3 ST 5.4 CO	TLE NME REET TY-ST- TLE	ADDRESS				
E	Per Paris a de de			5.1 T/1 5.2 NA 5.3 STI 5.4 C/1 6.1 T/1 6.2 NA	TLE NME REET TY-ST TLE	ADDRESS				
E IE EET ADDRESS	PRIPARIO LE 10 GA			5.1 T/1 5.2 NA 5.3 STI 5.4 C/1 6.1 T/1 6.2 NA	TLE  NME  REET  TY-ST  TLE  NME  REET	ADDRESS -ZIP ADDRESS				

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 attackment with an address.