

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90083 048 \*\*\*150.00

DOCUMENT # V44772

1. Corporation Name  
TEMPXEC USA, INC.



Principal Place of Business  
1701 WEST HILLSBORO BLVD.  
SUITE 102  
DEERFIELD BEACH FL 33442  
US

Mailing Address  
1701 WEST HILLSBORO BLVD.  
SUITE 102  
DEERFIELD BEACH FL 33442  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/16/1992

4. FEI Number

65-0364887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MYERS, RICHARD L.  
1701 W. HILLSBORO BLVD. #102  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS   | CITY-ST-ZIP      | <input type="checkbox"/> DELETE |
|-------|----------------------|------------------|------------------|---------------------------------|
| P TD  | MYERS, RICHARD L.    | 137 LUCINA DRIVE | HYPOLUXO FL      | <input type="checkbox"/>        |
| V SD  | MYERS, MARGARET A.   | 137 LUCINA DRIVE | HYPOLUXO FL      | <input type="checkbox"/>        |
| D     | MYERS, RICHARD L II  | 137 LUCINA DR    | HYPOLUXO FL      | <input type="checkbox"/>        |
| V     | GREENLAND, GREGORY L | 3220 NW 107 AVE  | CORAL SPRINGS FL | <input type="checkbox"/>        |
| VP    | LIHAN, DANA          | 2808 NE 24TH CT  | FT LAUDERDALE FL | <input type="checkbox"/>        |
|       |                      |                  |                  | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS           | 1.4 CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|------------------------------|----------------------------|--|
|           |          | 1701 W. HILLSBORO BLVD. #102 | DEERFIELD BEACH, FL. 33442 | <input checked="" type="checkbox"/>  |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS           | 2.4 CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|           |          | 1701 W. HILLSBORO BLVD. #102 | DEERFIELD BEACH, FL. 33442 | <input checked="" type="checkbox"/>  |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS           | 3.4 CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|           |          | 613 NORTH 5th STREET         | LANTANA, FL. 33462         | <input checked="" type="checkbox"/>  |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS           | 4.4 CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|           |          |                              |                            | <input type="checkbox"/>   |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS           | 5.4 CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|           |          |                              |                            | <input type="checkbox"/>   |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS           | 6.4 CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|           |          |                              |                            | <input type="checkbox"/>   |

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, with all other like empowered.

SIGNATURE: Margaret A. Myers MARGARET A. MYERS 1/12/99 (740) 569-9023  
DATE: 1-800-393-2872

CR2E034 (1/198)