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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90020 048 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # V70171

1. Corporation Name
POLYGRAPHEX SYSTEMS, INC.

Principal Place of Business
**3671 131ST AVENUE N
CLEARWATER FL 34622
US**

Mailing Address
**3671 131ST AVENUE N
CLEARWATER FL 33762
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **11211 69TH STN**

Suite, Apt. #, etc.

22 City & State

23 **LAAGO FL 33773**

Zip

24 **33773**

Country

25 **USA**

2a. Mailing Address

26 **11211 69TH STN**

Suite, Apt. #, etc.

27 City & State

28 **LAAGO FL**

Zip

29 **33773**

Country

30 **USA**

3. Date Incorporated or Qualified

10/12/1992

4. FEI Number

59-3146182

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

**PESKIN, DENNIS L
222 DOGWOOD TRACE
TARPON SPRINGS FL 34622**

10. Name and Address of New Registered Agent

81 Name

SAME

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 ☐ DELETE

NAME **PDC
PESKIN, DENNIS L.
STREET ADDRESS 222 DOGWOOD TRACE
CITY-ST-ZIP TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME **VD
RICHARDS, PAMELA
STREET ADDRESS 8095 93RD ST N
CITY-ST-ZIP SEMINOLE FL**

TITLE ☒ DELETE

NAME **CFO
POWERS, ELIZABETH
STREET ADDRESS 17035 GULF BLVD
CITY-ST-ZIP REDINGTON BCH FL 33708**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VP
RICHARDS, PAMELA
2.3 STREET ADDRESS 10976 HARBORSIDE DR
2.4 CITY-ST-ZIP LAAGO, FL 33773**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **VP
LITTLE, JOSEPH
3.3 STREET ADDRESS 1405 MEADOW GLEN
3.4 CITY-ST-ZIP VALPARAISO, IN 46383**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

127-545-9190
Daytime Phone #

CR2E034 (11/98)

0421634