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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582474

(3)

FILED Apr 11 1997 8:00am Secretary of State

1. Corporation Name BORROUGHS MANUFACTURING CORPORATION Principal Place of Business Mailing Address 1402 SE 46TH LANE CAPE CORAL FL 33904 CAPE CORAL FL 33904-6628								
					3. Date Incorporated or Qualified 08/16/1978	1	ate of Last F 01/1996	Report
·1	Place of Business	26. Mailing Address 26			4. FEI Number 59-1843285		···-	pplied For ot Applicable
Suite Ap	t # etc.	Suite, Apt. #, etc.	77.77.10		5. Certificate of Status Desired		\$8.75	Additional
City & Sta	ale	City & State			6. Election Campaign Financing			equired May Be
23		28			Trust Fund Contribution			to Fees
Ζφ 	Country	Zip	Country	y	8. This corporation has liability for		tax under s	s. 19 9.032,
24	[25] 9. Name and Address of Curren	29 of Registered Agent	30		Florida Statutes 10, Name and Address of New Re			• • • • • • • • • • • • • • • • • • • •
SF	RAVELLO, DOLORES		81	Name				
206	S.E. 44TH TERRACE		82	Street Add	dress (P.O. Box Number is Not Acceptat	hle)	******	
	PE CORAL, FL LP 33904			<u> </u>			,	
			83	1				
	•		84	City		FL	85 Zip	Code
egent i	am ramiliar with, and accept the obliga	ations of Section 607.0505. Fi	orida Stature					
SICMATURI 12.	Styrishine, typed or painted name of registered age OFF ICERS AN	PULLO en and title if applicable (NOT D DIRECTORS	E: Registered Ag		rporation submits this statement for the pation's board of directors. I hereby acceuring when reinstating) ADDITIONS/CHANGES TO OFFICE	3/27 DATE	DIRECTOR	RS IN 12
12. TOLE	Signature speed or probabilismic of registered age OFFICERS ANI	PULLO eni and title if applicable (NOI	TE: Registered Ag 13. 1.1 TITLE		uired when reinstating)	3/27 DATE	/7 7	
12. TILLE NAMÉ	OFFICERS ANI PD SERAVELLO, DOLORES	PULLO en and title if applicable (NOT D DIRECTORS	13. 1.1 TITLE	eni signature req	uired when reinstating)	3/27 DATE	DIRECTOR	RS IN 12
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14. I do 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 arroual 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 attactifient with an address.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/27/97 941-542-367