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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 26 1997 8:00am Secretary of State

DOCUMENT # 597836 (6) AMTECO MACHINE & MFG., INC.						
Principal Pince of Business 4652-107TH CIRCLE, N. CLEARWATER FL 34622		Mailing Address 4652-107TH CIRCLE, N. CLEARWATER FL 34622-5005		1 10ECE 0110 (0117 74 85 1 107 95 17 17 18 91 1	. 21211 GI 9 31 G 1571 G 1611 212	11 01941 1001
				3. Date Incorporated or Qualified 12/19/1978	3a. Date of Last 04/09/1996	Report
2. Principal F	Pace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt	# etc	Suite, Apt #, etc		59-1872561		Vot Applicable
22	e, cu	27		5. Certificate of Status Desired		Additional Required
City & Stat	to	City & State		6. Election Campaign Financing	\$5.0	May Be
23	Consta	28	Country	Trust Fund Contribution		d to Fees
Ζην 24	Country	2(p)	30	This corporation has liability for Florida Statutes	intangible tax under Yes	s. 199.032,
	g. Name and Address of Curi			10. Name and Address of New Re		
	ALUK, DENNIS A.		81 Name			
	7 BAYSHORE BLVD NE		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
SI	PETERSBURG, FL JL 33703		83			
			24 00		leal 7	- 0-1-
			84 City			p Code
11. Pursuant office or agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	1502 and 607.1508, Florida Statu hte of Florida Such change was ligations of, Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing pt the appointment a	its registered as registered
11. Pursuant office or agent La SIGNATURE	Sign of the second second strong stored	agent and tale if aughbable (NC AND DIRECTORS	TE: Registered Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby accelured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	DRS <u>IN</u> 12
SIGNATURE 12. THU	Sign of States of Product of Contract defined of FICE RS A	auch and file if auglicable (NC	13.	uired when reinstating)	DATE:	DRS IN 12
SIGNATURE 12. THUE NAME	Sign of Payer of Product of the should be producted by the product of the product	agent and tale if aughbable (NC AND DIRECTORS	13. 1.1 TILE 1.2 NAME	uired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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4. 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 chicular report or supplemental a fluor report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam in, officer or director of the corporation or the receipt 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 y changed, group a reaching of with an address.

SIGNATURE:

SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

(813)573-0993

Daytime Phone