

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortherm  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:10

DOCUMENT # **G27983** (7)

1. Corporation Name  
**THE VERTICAL FACTORY, INC.**

Principal Place of Business      Mailing Address  
**302 WEST HALLANDALE BLVD.  
HALLANDALE FL 33009**      **302 WEST HALLANDALE BLVD.  
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/10/1983</b>	3a. Date of Last Report <b>06/01/1994</b>
21. Sute, Apt. #, etc.	26. Sute, Apt. #, etc.	4. FEI Number <b>59-2264233</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KASKY, ROBERT A. 2021 TYLER ST. HOLLYWOOD FL 33020</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be typed name of registered agent and his or her address      2011 Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, SHELDON</b>	2. NAME	
STREET ADDRESS	<b>3003 ISLANDS BLVD. APT 515</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	4. CITY - ST - ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I, the filer, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated in this annual report or biennial 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 that I have or have been authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: *X Sheldon Siegel* **Sheldon Siegel/Dir.**      *3/6/98* **305-487-7638**