

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR -3 PM 4:47

DOCUMENT # P02119

(6)

1. Corporation Name

QUEENS PLATING COMPANY, INC.

Principal Place of Business

Mailing Address

**36-16 37TH STREET
LONG ISLAND CITY NY 11101**

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LONG ISLAND CITY NY 11101**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

05/21/1984

3a. Date of Last Report

08/02/1994

4. FEI Number

11-1529044

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SZABO, ALBERT (SR.)
234 NE EDGEWATER DR.
APT. E-202
STUART FL 34996**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SZABO, ALBERT B.
STREET ADDRESS	FOREST DRIVE ROAD 3
CITY - ST - ZIP	LLOYD HARBOR NY
TITLE	D
NAME	HEIM, KENNETH
STREET ADDRESS	222-34 98TH AVE
CITY - ST - ZIP	QUEENS VILLAGE NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. 1 TITLE	☒ Change ☐ Addition
1. 2 NAME	
1. 3 STREET ADDRESS	14 FORREST DRIVE
1. 4 CITY - ST - ZIP	LLOYD HARBOR NY 11743
2. 1 TITLE	☒ Change ☐ Addition
2. 2 NAME	
2. 3 STREET ADDRESS	222-40 96th Avenue
2. 4 CITY - ST - ZIP	Queens Village, NY 11429
3. 1 TITLE	☐ Change ☐ Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT PERSON OR DIRECTOR

Title

Signature Page #