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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000088048 (1) DOCUMENT #

CALLAHAN FLUID POWER, INC.

Principa: Place of Business Mailing Address								
5411 W. CHENS TAMPA FL 336	SHAW ST.	5411 W. CHENSHAW ST TAMPA FL 33634	I1 W. CHENSHAW ST.					
				3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1994 01/31/1995				
2. Principal Plac	ce of Business	2a. Mailing Address			4, FEI Number		<u> </u>	pplied For
21		26		65-0539895			lot Applicable	
Suite, Apt. #,	, etc.	Suite. Apt. #, etc			5. Certificate of Status Desired			Additional Required
Crty & State		City & State		6. Election Campaign Financing\$5.00		May Be		
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zφ	Countr	y	8. This corporation has liability for		under s	199.032,
24	[25]	29	30		Florida Statutes Yes 10. Name and Address of New I	No No	nent	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New I	registered A	Activ	
				1				
SILBERSTEIN, DAVID M 720 S ORANGE AVE			82	Street Addr	ress (P.O. Box Number is Not Accepta	ole)		
SARASOTA FL 34236			8:	3				
SATINOCI	IN 1 C 07200		-	<u> </u>			85 Zip	Code
			8-	City		FL	183 216	· Oode
familiar witt	n, and accept the obligations of Sect	ion 607.0505, Florida Statutes	3.	ent signature réquie		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	P/T	☐ DELETE	1 1 TIZU			L.] Change	Addition
NAME	BADER, WILLIAM J		1.2 NAM					
STREET ADDRESS	5411 W. CHENSHAW ST. TAMPA FL 33634		13 SIRE 14 CHY	ET ADDRESS				
CITY - ST - ZIP TITLE	V/S	DELETE	2 1 1111			E	Change	Addition
NAME	BRUINSMA, NORMAN G	23	2 2 NAM	<u>.</u>				
STREET ADDRESS	5411 CHENSHAW ST.		2 3 S1RF	FT ADDRESS				
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY	· ST · ZIP				PD 110
TITLE		☐ DELETE	3 1 117:	E		L.] Change	Addition
NAME			3 2 NAM					
STREET ADDRESS				FET ADORESS				
CITY-S*-Z-P		☐ DELETE	4 1 TITE	-ST · ZIP		Г	Change	Addition
THILE NAME		D Access	4 2 NAM			_		
STREET ADDRESS			4.3 STR	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-SI-ZIP				
TITLE		☐ DELETE	5 1 1170	F			Change	Addition
NAME			5.2 NAM	F				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		E3 DOLLEG		\$1 - 7IP		г	Change	☐ Addition
TITLE		☐ DELETE	6 1 TITE 6 2 NAN			L		
NAME				ELLADDRESS				
STREET ADDRESS				-S1-ZIP				
CITY-ST-ZIF	y certify that the information supplied	with this filing is voluntarily fur	wiched and d	age not qualify	for the exemption stated in Section 11	9.07(3)(k), Flc	rida Statu	tes I further
certify that		nual report or supplemental an loration or the receiver or trust	inua: report is :ec empowers		his report as required by Chapter 607,		es, and th	nat my name

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR