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**Apr 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000088048 (1)

1. Corporation Name
CALLAHAN FLUID POWER, INC.



Principal Place of Business
**5411 W. CHENSHAW ST.
TAMPA FL 33634**

Mailing Address
**5411 W. CHENSHAW ST.
TAMPA FL 33634-3008**

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
04/29/1996

2. Principal Place of Business
21 **5411 w. Crenshaw St.**
Suite, Apt. #, etc.
22 **Tampa, Fl, 33634**
City & State
23
Zip Country

2a. Mailing Address
26 **5411 W. Crenshaw St.**
Suite, Apt. #, etc.
27 **Tampa, Fl. 33634-3008**
City & State
28
Zip Country

4. FEI Number
65-0539895

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

9. Name and Address of Current Registered Agent
**SILBERSTEIN, DAVID M
720 S ORANGE AVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	BADER, WILLIAM J	
STREET ADDRESS	5411 W. CHENSHAW ST.	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	V/S	<input checked="" type="checkbox"/> DELETE
NAME	BRUINSMA, NORMAN G	
STREET ADDRESS	5411 CHENSHAW ST.	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5411 W. Crenshaw St.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BADER, PEGGY
2.3 STREET ADDRESS	5411 W. Crenshaw St.
2.4 CITY - ST - ZIP	Tampa, Fl. 33634
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Bader* **WILLIAM J. BADER** 1-6-97 (813) 885-7416
DATE DAYTIME PHONE #

CR2E034 (9/96)