## 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

V36133 **DOCUMENT #** 

(9)

DDITAMMIA	INDUSTRIAL	CAMIC	INC
	INDUSTRIAL	OMMO	IIVL.

Principal Place of Business Mailing Address		Mailing Address			T INDII MIKAMA ILIIM MIKKA ILIAN	9 JULI AFRIC BLOSC BLOSC BLOSC	AND IN BURNING NAMES
	SPECT AVE SUITE 1 LM BEACH FL 33404	3866 PROSPECT AVE WEST PALM BEACH					
					3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last R 04/17/19	
	Place of Business	2a. Mailing Address		•	4. FEI Number	}	Applied For
21] Suite, An	of the otion	Suite, Apt. #, etc.			65-0340623		Not Applicable
22	n. #, etc.	27			5. Certificate of Status Desired	11	Additional Required
City & St	ate	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28	<del></del>		Trust Fund Contribution	□ Adde	d to Fees
Zφ I	Country	Zip	Count	ry	8. This corporation has liability for i		199.032,
24	25   9. Name and Address of Curi	29 29 Agent	30]		Florida Statutes Yes  10. Name and Address of New R	No	
	3. Hand and Addiess of Our	ent negistored Agent	8	1 Name	IV. Name and Address of New H	egistered Agent	
DEIEC	RMESITER, ELWOOD						
	S.E. BUTTONWOOD		8	2 Street Ad	ddress (P.O. Box Number is Not Acceptab	ile)	
	RT FL 34997		8	3			
	, 5 5 1001		-	4 0:			
			8	4 City		FL  85   Zi	p Code
or regis familiar	itered agent, or both, in the State of Flowith, and accept the obligations of, Se	orida. Such change was authori ection 607.0505, Florida Statute	ized by the co as.	poration's b	poration submits this statement for the pur oard of directors. I hereby accept the appo	pose of changing its r pintment as registered	registered office agent. I am
SIGNATURE	Signature ityped or printed name of registerod as		St 9543		ulred when reinstating)	DATE	<u> </u>
12.		AND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFF		ORS IN 12
TOLE	P	☐ DELETE	1. 1 TITL	F		☐ Change	Addition
NAME	BEIERMEISTER, ELWOOD		1.2 NAM	E			
STREET ADDRES			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	STUART FL 34997		1.4 CITY	- ST - ZIP			
MILE	V	☐ DELETE	2 1 TITL	E		Change	□ Addition
NAME	VINEY, NIGEL		2 2 NAM	£			
STREET ADDRES			2 3 STRE	ET ADDRESS			
CITY - ST - ZIF	JUPITER FL 33477	t no ere	2 4 CHY				m sári
MALE AAAG		☐ DELETE	3 1 TiTL			☐ Change	☐ Addition
NAME STREET ADDRES	· ·		3.2 NAM	EET ADDRESS			
CITY-ST-ZIP	»		3.4 CITY				
TILLE		DELETE	4.1 THL			Change	Addition
NAME:			4.2 NAM	ŀ			
STHEET ADDRES	s			ET ADDRESS			
CITY-ST-ZIF			4.4 CITY				
THEF		DELETE	5. 1 TrTL			☐ Change	☐ Addition
NAME			5.2 NAM	E			
STREET ADDRES	is		5.3 STRE	et address			
CHY-ST-ZIF			5 4 CITY	- ST - ZIP			
THILE		DELETE	6. 1 TITL			☐ Change	Addition
NAME:			6.2 NAM				
STREET ADDRES	SS		63 STRE	ET ADDRESS			
CITY - S1 - ZIP	columnatify that the information and the	ed mitto the films in contrate " * .	6 4 CITY		for the automation of the district of the second	OZIOVA FILIZZA OV	An 14 -41 -
certify t oath, th	hat the information indicated on this ar	nnual report or supplemental an operation or the receiver or trust	nual report is t lee empowered	true and accu	y for the exemption stated in Section 119, urate and that my signature shall have the this report as required by Chapter 607, Fi	same legal effect as it	f made under

SIGNATURE:

MIGEL VINEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 · 22 - 96 407 - 881 - 4503

Date Daytime Phone •