

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **214547** (2)  
1. Corporation Name  
**LOADSTOP MANUFACTURING CO**



Principal Place of Business <b>P O BOX 3246 HIALEAH FL 33013 US</b>	Mailing Address <b>P O BOX 3246 HIALEAH FL 33013-0246 US</b>
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2. Principal Place of Business 21 <b>523 NE 189 ST.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>523 NE 189 ST.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/12/1958</b>	3a. Date of Last Report <b>04/08/1996</b>
22 City & State <b>MIAMI FL</b>		27 City & State <b>MIAMI FL</b>		4. FEI Number <b>59-0836928</b>	Applied For Not Applicable
23 Zip <b>33179</b>		28 Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>33179</b>		25 <b>DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
26 <b>33179</b>		27 <b>DADE</b>		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 <b>HOFFER, JEROLD E. 2811 MORNING GLORY LANE DAVE FL 33328</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY, ST, ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY, ST, ZIP	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY, ST, ZIP	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY, ST, ZIP	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY, ST, ZIP	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY, ST, ZIP	NAME	6.3 STREET ADDRESS	
	NAME	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: **Jerold E. Hoffer** 3/3/97 305-691-4671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)