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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 223441

CLARK BROS. DIE SERVICE, INC.

(7)

FILED Apr 10 1997 8:00am Secretary of State

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r micipai mace	e or nusiness	Mailing Address								
2430 N W 38 S MIAMI FL 33142		2430 N W 38 ST MIAMI FL 33142-5370				·				
						3. Date Incorporated or Qualified 05/07/1959		te of Last F 2/1996	Report	
2. Principal Pl	2a. Mailing Address				4. FEI Number	1	IA	pplied For		
21		26			59-0875021			lot Applicable		
Suite, Apt	作, elc	Suite, Apt. #, etc.			- 0.75		\$8.75	Additional		
22		27			Certificate of Status Desired		Fee R	Required		
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	8			Trust Fund Contribution Added to Fees				
Zip	Country Zip Cor		Countr	У		8. This corporation has liability for in	corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		30)]		Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	istered /	Agent		
PIER	CE,GEORGE R.		81	ı ۱	Name					
2430	NW 38TH ST		95	, -	Street Address (P.O. Box Number is Not Acceptable)					
l	AI FL 33142		02	82 Street Address (P.O. Box Number is Not Acceptable)			,			
	··· · =		83	3						
								11111	<u></u>	
			84	۱ ۱	City		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508. Florida State	utes, the abov	ve-r	named coroc	ration submits this statement for the pr	urpose of	changing	its registered	
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was	authorized b	y th	ne corporatio	on's board of directors. I hereby accep	t the appo	ointment a	s registered	
agent rai	m tamiliar with, and accept the ob-	ligations of, Section 607.0505, F	·lorida Statute	35.						
SIGNATURE	Signature, typest or printed name of registered	accent and rule if annincable (NC	OTF: Begislered Ac	nent i	Signature requirer	d when reinstaling)	DATE			
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TIPLE			1.1 TITLE	:				Change		
NAME	PIERCE, GEORGE R.		1.2 NAME	:						
STHEE! ADDRESS 2430 NW 38TH ST				1.3 STREET ADDRESS						
CITY - ST - ZIP	MIAMI FL		1.4 CITY-							
TITLE	V	DELETE	2.1 TITLE	_	ZIF		w.,,	Change	Addition	
NAME	RICHARDSON,GRADY L SR		2,2 NAME							
STREET ADDRESS	2430 NW 38TH ST		2.3 STREE		anneree					
	MIAMI FL									
CITY-ST-ZIP TITLE	HULANI I F	☐ DFLETE	2. 4 CITY- 3.1 TITLE		417			Change	Addition	
'		_ dictio	3.1 HILE 3.2 NAME		'			- onarite		
NAME CARCLE ADDRESS					nnacce					
STREET ADDRESS			3.3 STREE		1					
CITY - ST - ZIP		☐ DELETE	3.4. CITY-		ZIP	 		Change	Addition	
TITLE		L' DETELE	4.1 TITLE		1			L Orange	☐ voorgon	
NAME			4. 2 NAMI							
STREET ADDRESS			4.3 STREE	TAD	JDRESS					
CHY-ST-ZIP		DELETE	4.4 CITY-		ZiP			T 7 65	Addition	
TITLE		☐ DELETE	5.1 TITLE					Change	E Addition	
. NAME			5.2 NAME							
STREET ADORESS			5.3 STREE	ET AO	JDRESS					
CITY+SI+ZIF			5.4 CITY-		ZIP	<u> </u>				
TITL€		☐ DELETE	6.1 TITLE			•		☐ Change	Addition	
NAME			6.2 NAME						İ	
STREET ADDRESS			6.3 STREE	ET AD)Dress					
CITY-ST-ZIP			6.4 CITY-	ST-	ZIP					

14. I do hereby certify that the information supplied with this filling 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 occiver 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 chapter or director of the corporation or the occiver attachment with an address.

305-633-2535