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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 223441

CLARK BROS. DIE SERVICE, INC.

52								
Principal Place of Business Mailing Address					- I 19845 Jihin Habs Jilin elem on	TOT ISAS ASART DIATI ASARS ASARS	918(1 019)1 (83(
2430 N W 38 ST 2430 N W 38 ST						9		
MIAMI FL 33142 MIAMI FL 33142				DO NOT W		RITE IN THIS SPACE		
					Date Incorporated or Qualifed		4 .	
					05/07/1959			
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	Aı	oplied For	
21 26 26					59-0875021	No.	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				Certificate of Status Desired	□ \$8.75 Fee R	Additional	
City & State	City & State City & State			6. Election Campaign Financing		_ \$5.00	May Be	
23	28				Trust Fund Contribution	11	to Fees	
Zip			Country		8. This corporation owes the curr			
24	25 29 30)	Personal Property Tax.		□No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent		
nich	OF OFORCE D		81	Name				
PIERCE, GEORGE R. 2430 NW 38TH ST			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)			
					1 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and the free each field is a	W 311 213 11 12 51	
MIAMI FL 33142								
			84	City	7.72 de 1944 de 2000	85 Zip	Code	
F 45.75.				1		FL	registered	
Affina are	registered agent or both in the State	of Florida, Such change was auto	ionzea av	ine corporation	oration submits this statement for the on's board of directors. I hereby accept	ot the appointment as re	egistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes	i	• *			
SIGNATURE		ANOTE: Pe	wistered Amer	nt riomatura caquira	d when reinstellar) (4 3 2 2 2	DATE	 ,	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.			13.	gistered regent signature required				
TITLE	P	DELETE	1.1 TITLE		1,04097562	☐ Change	Addition	
NAME	PIERCE,GEORGE R.	'	1.2 NAME		e a start situati	2, 1.1		
STREET ADDRESS	A CONTRACTOR OF		1.3 STREE	T ADDRESS			{	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP	<u> </u>			
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition 6	
NAME	RICHARDSON, GRADY L SR 222 N		2.2 NAME					
STREET ADDRESS	ALAA ARAZ GOTUL OT		2.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY+5	ST-ZIP				
TITLE	and the second second	☐ DELETE	3.1 TITLE		* *	☐ Change	Addition	
NAME	to the contract of the contrac		3.2 NAME			•	<u> </u>	
STREET ADDRESS	Table Oct. 発表しCRAL			TADDRESS	The state of the s	先出門 網 試行	1.3.3.3.3.1.13	
CITY-ST-ZIP	The same of the sa		3.4. CITY-5	ST- ZIP		Change	23 Addition	
TITLE		☐ DELETE	4.1 TITLE		14 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 . " State & \$TT ougude	Andrew Manager	
NAME			4. 2 NAME	1				
STREET ADDRESS			1	TADORESS			.	
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		Change	Addition	
TITLE	·	☐ DELETE	5.1 TITLE 5.2 NAME		t milital			
NAME	1		J.Z NAME	I	The state of the s	; 4		

CITY-ST-ZIP I 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, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

2402 No. 3 8

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90022 026 ***150.00

Addition