FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **236105** **(3)**

1. Corporation Name
ALERT PLATING INC

Principal Place of Business	Mailing Address
2120 N W 10TH AVE **MIAMI FL 33127**	**2120 N W 10TH AVE** **MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **05/04/1960**
3a. Date of Last Report: **04/13/1994**

4. FEI Number: **59-0900063** ☐ 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

WEST, GURTH G.
2120 N.W. 10TH AVENUE
MIAMI FL 33127

10. Name and Address of New Registered Agent

01 Name: SANDRA WEST
02 Street Address (P.O. Box Number is Not Acceptable): 9875 VONN ROAD
03
04 City: SEMINOLE **FL** 05 Zip Code: 34646

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: Sandra M. West (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	OWSLEY, GEORGE	12 NAME	SANDRA WEST
STREET ADDRESS	887 W 79TH STREET	13 STREET ADDRESS	9875 VONN ROAD
CITY ST ZIP	HIALEAH, FL 00000	14 CITY ST ZIP	SEMINOLE, FL 34646
TITLE	PD	21 TITLE	JOHN R. GETTINGER, VP ☑ Change ☐ Addition
NAME	WEST, GURTH G	22 NAME	
STREET ADDRESS	9875 VONN ROAD	23 STREET ADDRESS	500 S.E. 14 ST.
CITY ST ZIP	SEMINOLE, FL 00000	24 CITY ST ZIP	POMPANO, FLA 33060
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: John R. Gettinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT — Date — Daytime Phone #

0124778 CP