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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 273532

(2)

1. Corporation Name

AMERICAN DRYING SYSTEMS INC

Principal Place of Business

1135 N W 159TH DRIVE  
MIAMI FL 33169

Mailing Address

1135 N W 159TH DRIVE  
MIAMI FL 33169



3. Date Incorporated or Qualified

09/10/1963

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSEN, R.H.  
11900 BISCAYNE BOULEVARD  
SUITE 808  
MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MEADE, III, J F  
STREET ADDRESS 15-17 WHEELER AVE.  
CITY-ST-ZIP HAMMONDSPORT NY

TITLE V ☐ DELETE

NAME TASHMAN, SAM  
STREET ADDRESS 1135 N W 159TH DRIVE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE S ☐ DELETE

NAME MEADE, HELEN  
STREET ADDRESS 15-17 WHEELER AVE  
CITY-ST-ZIP HAMMONDSPORT NY

TITLE D ☐ DELETE

NAME COLE, R H  
STREET ADDRESS 15-17 WHEELER AVE  
CITY-ST-ZIP HAMMONDSPORT NY

TITLE D ☐ DELETE

NAME OLSEN, R H  
STREET ADDRESS 11900 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 00000

TITLE TM ☐ DELETE

NAME THOMPSON, JAMES  
STREET ADDRESS 1135 N W 159TH DRIVE  
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

DAVID C MEADE

4/23/96

305-625-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)