

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90003 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 273532

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/10/1963

4. FEI Number

59-1030234

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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 607.0501 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 reinstating)

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-STATE-ZIP HAMMONDSPORT NY

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE V ☒ DELETE  
NAME TASHMAN, SAM  
STREET ADDRESS 1135 N W 159TH DRIVE  
CITY-STATE-ZIP MIAMI, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE  
NAME MEADE, D C  
STREET ADDRESS 1135 NW 159TH DRIVE  
CITY-STATE-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME COLE, R H  
STREET ADDRESS 15-17 WHEELER AVE  
CITY-STATE-ZIP HAMMONDSPORT NY

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME OLSEN, R H  
STREET ADDRESS 11900 BISCAYNE BLVD  
CITY-STATE-ZIP MIAMI, FL 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE TM ☐ DELETE  
NAME THOMPSON, JAMES  
STREET ADDRESS 1135 N W 159TH DRIVE  
CITY-STATE-ZIP MIAMI, FL 00000

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE:

DAVID C. MEADE

4/19/99

Date

305/625-2451

Daytime Phone #

CR2E034 (11/98)

0245132