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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 301747

(2)

SOUTHEASTERN SCREW MACHINE CO., INC. OF VERO BEA

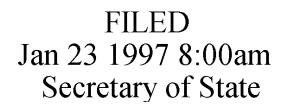
Principal Place of Business

1245 - 16TH STREET

VERO BEACH FL 32960

Mailing Address 7150 20TH STREET

SUITE C





| Section Sect | | VERO BEACH FL 32966-890 US | 05 | | 3. Date Incorporated or Qualified 01/04/1966 | 3a. Date of 01/26/1 | Last Report | |
|--|---|--|------------|--------------------|---|-------------------------------------|------------------------------------|----------------|
| Suite Apr 8 61 20 20 20 20 20 20 20 2 | 2. Principal Place of Business. | 2e. Mailing Address | | | | | Applied F | For |
| Cry S S Cry County 27 Cry S State S S S S S S S S S | 21 | | | | 59-1145317 | | | |
| 28 | <u>├──</u> ┧ | | | | 5. Certificate of Status Desired | , , | 1 1 7 - : = | |
| April Country Zp | | City & State | | | 6. Election Campaign Financing | \$ | 5.00 May B | Зе |
| 25 | 23 | | | | Trust Fund Contribution | <u> </u> | Added to Fees | s |
| Solid Address of Current Registered Agent | ├── ` | ········ · | | ry | 1 | | |)32, |
| FAULMAN MICHAEL & VIRGINIA S. 1245-16TH ST. VERO BEACH FL. 32960 | | | 30 | | | | | |
| 1245-16TH ST. VERO BEACH FL 32860 | | | 8 | 1 Name | TO. FIGHING AND ADDRESS OF THEM IT | agistered Agen | <u> </u> | |
| Part | | P. O. | Ľ | | | | | |
| State Stat | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Accepta | ıble) | | |
| 1. | 72710 52707172 52555 | | 8 | 3 | | | | |
| The control of the provisions of Sinchens (317 05:02 and 602 15:08, Floridal Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State, of Floridal Submit Association (607 05:05), Floridal Statules, agent to the purpose of changing its registered agent, or both, in the State, of Floridal Submit Association (607 05:05), Floridal Statules, agent to another agent and accept the obligations of Section (607 05:05), Floridal Statules, agent agent and accept the obligations of Section (607 05:05), Floridal Statules, agent agent agent and accept the obligations of Section (607 05:05), Floridal Statules, agent | | | L | | | | | |
| Control Cont | | | 8 | 4 City | | FI 85 | Zip Code | |
| 12 | office or registered agent, or both, in the agent. I am familiar with, and accept th | ie State of Florida. Such change was a | authorized | by the corpora | rporation submits this statement for the ation's board of directors. I hereby according | purpose of char opt the appointm | nging its regis nent as registe | stered ered |
| THIR | Signature specific pointed name of seq. | | | gent signature red | | | | |
| FAULMAN,MICHAEL 1245 16TH ST. 1245 16TH | | | | | ADDITIONS/CHANGES TO OFF | | | |
| 1245 16TH ST. 13 STREET ADDRESS 14 CITY-ST-7/P | CALIL MAN MICHAEL | (| | | | <u></u> ' | Unange L A | Addition : |
| VERO BEACH FL | 1945 18TH ST | | 1 | - | | | | 1 |
| ST | VERO REACH FI | | | | | | | |
| NAME | C:11-21-4k | DELETE | | | | | Channe A | Addition |
| 1245 16TH ST. VERO BEACH FL 2 3 STREET ADDRESS 2 4 CITY-51-72P | EALII MAN VIDQINIA | ي مراد ا | | | | | oridings | 130/110/11 |
| Ciry ST 729 | 1245 18TH ST | | | · | | | | |
| THILE | SINCE RELIGION WEACH EI | | | - 1 | | | | |
| 33 STREET ADDRESS 34 CITY-ST-ZIP | | DELETE | | | | | Change A | Addition |
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| STREET ADDRESS STRE | | | 3.3 STRE | ET ADDRESS | | | | |
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| A 3 STREET ADDRESS CITY - \$1 - 27F | *************************************** | ☐ DELET€ | | | | | Change A | Addition |
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| S S C TY - S Z P | NAME | | 52 NAV | ić | | | | |
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| | NAME | | 6.2 NAM | !E | | | | |
| CHY-SI /IP | STREET ADDRESS | | 6.3 STR | EET ADDRESS | | | | |
| 6.1 A. D. 1 | City-St ZiP | | 6.4 CITY | -ST-ZIP | | | | |

If do 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 suppliermental 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 orfector of the corporation or the recoiper 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 all achmost with an address.

SIGNATURE:

GNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DI

Vice President

1-6-97

Cavtinie Phone #