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

PROFIT
 CORPORATION
 ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # 332175 IDUSTRIES, INC.					
Principal Place of Business Mailing Address 8850 NW 12TH, AVE. FT, LAUDERDALE FL 33309 FT, LAUDERDALE FL 3330			109-1124			
					3. Date Incorporated or Qualified 07/09/1968	3a. Date of Last Report 03/05/1996
2. Principal Place of Business 2a. Ma		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21 26					59-1218699	Not Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be
23	_	28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Country		8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		1,0,,00 0,0,00	Yes No
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
FAST, JACOB 51 COMPASS LANE FT.LAUDERDALE FL 33308					ress (P.O. Box Number is Not Acceptat	
SIGNATURE	Styrenbor, typerbor penteo name of registered age	ent and title if applicable. (NO	TE: Registered Age		poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
1 ILF	PD FAST, JACOB		1.1 TIFLE 1.2 NAME			C Sublide C Venture
NAME CORE LASSESSEE	51 COMPASS LANE		1.3 STREET	Annocce		
STREET ADDRESS CITY-SE-77P	FT. LAUDERDALE FL		1.4 Offy-S			
TITLE	STD DELETE		21 TITLE			Change Addition
NAME	FAST,ANN		2.2 NAME			İ
STREET ADDRESS	51 COMPASS LANE		2.3 STREET	ADDRESS		
C11Y - S1 - Z(P	FT. LAUDERDALE FL		2.4 CITY+	ST-ZIP		
ŦIIL€	V	DELETE	3.1 TITLE			Change Li Addition
NAME	FAST, ROBERT	- 4005	3.2 NAME			
STREET ADDRESS	3200 N. PORT ROYALE DRIVI FT.LAUDERDALE FL	#200	3.3 STREET			
CITY - S1 - ZIP	PILAUDERDALE PL	DELETE	3.4. CITY -			Change Addition
THEE		בין טנגניונ	4. 2 NAME			E CHANGO
NAME STREET ADDRESS			4.3 STREET			
C-TY - ST - ZIP			4.4 CITY-5			<u>,</u>
TILLE		☐ DELETE	5.1 TITLE	····		Change Addition
NAME			5.2 NAME			VIA JASIAMI
STREET ADDRESS			5.3 STREET	ADDRESS		AV 1412/51/12
CITY-ST ZIF			5.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		4000215 -04/24/97010 ***165.00	A019 LAddition
NAME			6.2 NAME		-04/24/9(010)	IT UIV
STREET ADDRESS			6.3 STREET	T ADDRESS	***165.UU	•
643 4 63 345						

14. I 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 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/10/97 954-776-647

FILED

Apr 23 1997 8:00am

Secretary of State