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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 341119

(6)

1. Corporation Name
NAUMAN INDUSTRIES INC

incipal Place of Business	Mailing Address
3717 S DIXIE HWY.	3717 S DIXIE HWY.
P O BOX 6815	P O BOX 6815
W PALM BCH FL 33405	W PALM BCH FL 33405

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3717 S DIXIE P O BOX 681 W PALM BCH	15	P O BOX 6815 W PALM BCH FL 3			3. Date Incomprated or Qualified	3a. Date of 02	/16/1	ecort 995
2. Principal Plac	e of Business	2a. Mailing Address				1		Applied For
z. Fillioparriac	e or bosiless	26			4. FEI Number 59-1287812			Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.		,	5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip Country		Zφ	.h		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
4	25	29	30		Florida Statutes X Yes 10. Name and Address of New F		ent	
	9. Name and Address of Current	Hegistered Agent		1 Name	10. Name and Address of New F	icgistered Ag		
MALIMA	N, NANCY		[t				
	DIXIE HWY		ξ	2 Street Addr	ress (P.O. Box Nun ber is Not Acceptat	ole)		
	ALM BEACH FL 33405			i3				
,,ev, 1							nel 3.	D Code
			{	14 City		FL	85 Z	p Code
	agilar in typed or control harms of experience agent as OFFICERS AND		NOTE Registered A	Soul Stanton und no	ADDITIONS/CHANGES TO OFF	DATE FICERS AND D	IRECTO	ORS IN 12
12. TITLE	P	DEFETE	1 1 🖽	. F			Change	Addition
NAME	NAUMAN, NANCY		1.2 NA					
STHEET ADDRESS	3717 SOUTH DIXIE HIGHWA		· 3 STH	EET ADDRESS				
CITY-ST-ZIP	WEST PAM BEACH FL 3340	5	1401	r-\$T-Z:P				
TITLE	D	DELETE	2 1 Ti	ı F			Change	☐ Addition
NAME	BUETTNER, SUZANNE N	•	2.2 NAM	4É				
STREET ADORESS	1408 ALPHA COURT SOUTH		235TH	EFT ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 334			r-ST-ZIP			Change	Addition
TITLE	FOOSE, KARL J	DELETE	3 1 117			L.J	Change	[] Addition
NAME	4100 SOUTH DIXIE HIGHWA	Y	3.2 NAI					
STREET ADDRESS	WEST PALM BEACH FL 334			r-S1-75F				
CITY - ST - 21P TITLE		— DELFTE	4 1 II		······································		Charige	☐ Addit on
NAME		L .,	4.2 NA					
STREET ADDRESS			4151	EET ADDRESS				
City-S1-ZiP			4.4 CiT	Y - ST - ZIP				
TITLE		☐ DELETE	5 1 [1]	ı f			Change	Addition
NAME			5.2 %	M§				
STREE1 ADDRESS			5380	(EET ADDRESS				
CITY - ST - ZIP		F3 06		Y - ST - ZiP			Chance	Addition
TITLE		☐ DELETE	6 1 11			L	Change	E Audinoi
NAME			62 NA					
STREET ADDRESS			1	REFLADORESS				
CITY - ST - ZIP			6 4 CI	Y - 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2.6.96 X407-588-3119