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

DOCUN 1. Corporation

(1)

FILED Feb 14 1997 8:00am Secretary of State

MENT Name	#	428742	
LINGUER.			

NORTH AMERICAN PLATING CORP.

Principal Place of Business Mailing Address								1: 41411 01011	86844 B1844 B1841	******		
1190-1200 NW 23 AVE						•						
				1-5243								
									3. Date Incorporated or Qualified 06/21/1973	3a. [Date of Last F /12/1996	Report
2. Principal Place of Business			2a. 26	2a. Mailing Address					4. FEI Number 59-1507783	Applied For Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired	DX.	\$8.75	Additional equired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution			
Zip	Country			Zip Country			ountry		8. This corporation has liability for intangible tax under s. 199.032,			
24		25 and Address of Curre	nt Beals	tered Ager		30	7		Florida Statutes 10. Name and Address of New F		∐ No Agent	
ECA	THERSTON		iit negia	reien wäei	11		81	Name	10. Name and Address of New P	ofinioiec	Agent	
7781 HIGHLANDS CIRCLE MARGATE FL 33063				82	Street Add	Idress (P.O. Box Number is Not Acceptable)						
							83					
							84	City		Fl	85 Zip	Code
44 Bureword	to the permit	one of Sections 607.06	02 and 6	07 1500 E	orido Ctatut	on the	2004	named so	rporation submits this statement for the			to remintered
office or r agent. La	registered age im familiar wit	ent, or both, in the Stat h, and accept the obli	e of Flori gations o	da Such ch f, Section 6	nange was i 07.0505, Fli	authoriz orida St	ed by atutes	the corpora s.	ation's board of directors. I hereby acc	ept the ap	pointment as	registered registered
SIGNATURE											***************************************	····
12.	Signature, typed o	or printed name of registered a OFFICERS AF			(NOT	E: Registe		int signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDE AN	O DIDECTOR	20 14 40
TITLE	PD	OFFICENS AT	MCZ EXIDER		DELETE	·····	TITLE	·····	ADDITIONS/CHANGES TO OFF	CENS AN	Change	Addition
NAME		STONE, ARTHUR			DELETE		NAME				[] Orbingo	
STREET ADDRESS	7701 LICUI ANDS CIDOLE						ADDRESS					
CITY-ST-7#P	MARGATE	FL					CITY·S					
1:TLF	VD	A-A-L- III-III			DELETE	2.1	TITLE				Change	Addition
NAME		STONE, JEWEL				2.2	NAME		,			
STREET ADDRESS	MARGATE	HLANDS CIRCLE						ADDRESS				
CITY-ST-7P	STD	: FL	**********		DELETE		CITY-S	ST-ZIP			☐ Change	Addition
117LE NAME	TUNICK, I	EDWIN			DELETE		TITLE NAME				LI GIREING	Magazion
STREET ADDRESS		COMMERCIAL BLVD	#225					ADDRESS				
City-St-7iP	FT LAUDE	erdale fl					CITY-S					
TOLE					DELETE		TITLE				Change	Addition
NAME						4.2	NAME					
STREET ADDRESS						4.3	STREET	ADDRESS				
CITY-ST-7IP					מכונדים		CITY+S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			A A Arriva
TOTLE				Ш	DELETE		TITLE				☐ Change	Addition
NAME CTUCET ADDRESS							NAME etocet	ADADECO				
STREET ADDRESS								ADDRESS				
CITY-ST-7IP TITLE					DELETE	-	CITY-S TITLE	I - EIF		 	☐ Change	Addition
NAME				<u>,</u>			NAME				3.00.80	
STREET ADDRESS								ADDRESS				
	ı							1				l l

City-st-zip

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:

Arthur Featherstone