**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

1. Corporation	Name	# <b>5287</b> 6 PRODUCTS, II		(7)							
Principa' Place	of Business		Mailing Addres	ss				A HODIOL BINIO AFBOL IDILA FOGIO O		OIDII DIBA FIFI	
6600 NORTHWEST 16TH STREET SUITE 11 PLANTATION FL 33313 US			6600 NORTHWEST 16TH STREET SUITE 11 PLANTATION FL 33313 US				Date Incorporated or Qualified				
2 Principal Pla	on of Business		On Mailing Ad	laka ne				03/03/1977 4. FEI Number		05/01/19	
2. Principal Place of Business			2a. Mailing Address				59-1732515			Applied For Not Applicable	
Suite, Apt. #	, etc.		Suite, Apt.	#, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
2			27					5. Certificate of Status Desired		Fee	Required
City & State			City & Stat	te				6. Election Campaign Financing	· 🗂		0 May Be
Zip		Country	Zip		Count	<u></u>		Trust Fund Contribution  8. This corporation has liability f	ior intensible		d to Fees
4]	25	<b>¬</b>	29)		30	,		Florida Statutes		riax under S	189.032,
	9. Name ar	nd Address of Curre	ent Registered Agen	nt				0. Name and Address of Nev		d Agent	
						1 Name	<b>;</b>				
SNEAD, ROBERT M. 1060 RENMAR DRIVE						2 Street	Address	(P.O. Box Number is Not Accep	table)	··· · · · · · · · · · · · · · · · · ·	
	nmah dhive 110N FL 333			83							
PLANTAL	HUN FL 333	17				1					
				84 City						85 Z	ip Code
	o the provisions ad agent, or bo h, and accept t	s of Sections 607.050 oth, in the State of Flo the obligations of, Sec	02 and 607.1508, Flor rida. Such change wa ction 607.0505, Florid	rida Statute as authorize la Statutes.			corporation s board of	n submits this statement for the policectors. I hereby accept the a	purpose of oppointment		registered office d agent. I am
SIGNATURE	Signature, typed or p	ornted name of registered ago	ont and tilluid applicable ND DIRECTORS	(NO)	es, the above ed by the con TE Registered Ac	-named c poration's ent signature			purpose of oppointment	changing its as registered	DRS IN 12
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SIGNATURE: \_\_

BIONING OFFICE OR DIRECTOR PODER M. Snead 4/30/96 (954) 491-6861

CR2E034 (12/95)