


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 530583 (4) 1. Corporation Name MACHINE PRODUCTS, INC.					
Principal Place of Business 405 N. OCEAN BLVD 1407 C/O THOMAS W. CONSIDINE POMPANO BEACH FL 33062			Mailing Address 405 N. OCEAN BLVD 1407 C/O THOMAS W. CONSIDINE POMPANO BEACH FL 33062		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1977	
21		26		4. FEI Number 59-1756115	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29	
24		25		30	
g. Name and Address of Current Registered Agent CONSIDINE, THOMAS W 405 N OCEAN BLVD., APT 1407 POMPANO BCH FL 33062				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE PD <input type="checkbox"/> DELETE					
1.2 NAME CONSIDINE, THOMAS W.					
1.3 STREET ADDRESS 405 N OCEAN BLVD #1407					
1.4 CITY-ST-ZIP POMPANO BCH FL					
2.1 TITLE SD <input type="checkbox"/> DELETE					
2.2 NAME MEYER, CHARLES R.					
2.3 STREET ADDRESS 120 HIGHWOOD COURT					
2.4 CITY-ST-ZIP OYSTER BAY COVE NY					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Thomas W. Conside*

1-20-98

CR2E034 (10/97)