FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90141 029 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

<ol> <li>Corporation</li> </ol>	MENT # 559552 Name EWING MACHINE CORP						
Principal Place	e of Business	Mailing Address			) 14516) Eller Av(15 1518) Ships all to 146 81614 or		
1411 BROADWAY 1411 BROADWAY							
NEW YORK NY 10018 NEW YORK NY 10018					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed	<del></del>	
					02/10/1978		ł
2 Principal Pl	face of Business	2a. Mailing Address	_		4. FEI Number		Applied For
21		26			59-1339046		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional
22 City & State		27			3. Octimosis of Olding Dealing		Required
	6 se mine ,	City & State			6. Election Campaign Financing —		May Be
23		28	Country		Trust Fund Contribution		d to Fees
Zip	Country	Zip	, ·		This corporation owes the current year Inta     Personal Property Tax.	ingible ☐Yes	□No
24	9. Name and Address of Current	29 30	4		10. Name and Address of New Registered		
	9. Name and Address of Curren	r registered Agent	81	Name		<del></del>	
CHESTLER, HERBERT MR.				0	ress (P.O. Box Number is Not Acceptable)		- <del></del>
7237 NW 32ND ST			82	Street You	ess (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33122		83				
			84	City		85 Zi	p Code
				City	F <u>L</u>		·]
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Slich chande was auth	orizeu ov i	-named corp the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoir	changing ntment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re-	gistered Agent	signature require	d when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN		
≻ππLE	COB	☐ DELETE	1.1 TITLE			Chang	e
- NAME	CHESTLER, HERBERT		1.2 NAME	l			
STREET ADDRESS	1411 2110/1211/11		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY			-ZIP		☐ Chang	e
TITLE	P						
NAME	CHESTLER, STEVEN		2.2 NAME	+000500			
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP			2. 4 CfTY-ST 3.1 TITLE	1-ZIP		Chang	e Addition
NAME	S CHESTLER, RITA	<del> </del>	3.2 NAME	ستست سته	ر به در استان در این از این		·
NAME STREET ADDRESS	AAAA BBOADWAY		3.3 STREET	ADDRESS			
	NEW YORK NY 10018		3.4. CITY-ST	i			
TITLE	14214 10111(14) 10010	☐ DELETE	4.1 TITLE			Chang	e Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST				
TITLE	<del></del>	☐ DELETE	5.1 TITLE			☐ Chang	je 🗌 Addition
NAME	1		5.2 NAME				
STREET ADDRESS			5,3 STREET	1			
CITY-ST-ZUP			5.4 CITY-ST	-ZIP		C105	na Madalasa
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge
NAME			6.2 NAME				
STREET ANDRESS	d .		6.3 STREET	ADDRESS			ļ

CITY-ST-ZIP 14. I 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 region 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS