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

DOCUMENT # 611923

(4)

ST. CLAIR INDUSTRIES, INC.

FILED
May 02 1997 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address				B 138118 BILLER FARRE FARIE AND AND AND STATE BARRE BARRE BARRE BARRE BARRE CORE			
C/O SAUL RUBINOFF 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308			C/O SAUL RUBINOFF 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308-4311						
1						3. Date Incorporated or Qualified 03/06/1979		e of Last I 6/1996	Report
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For
21		26	26			59-1998139 Not Applicable			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27			5. Continuate of ciatas posited		Fee F	lequired	
City & State	e	City & State	City & State			Election Campaign Financing	\$5.00 May Be		
23		28	· · · · · · · · · · · · · · ·			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip Goi		ntry e		This corporation has liability for			s. 199.032,
24		25 29 30		L			Yes No		
	9, Name and Address of Curre	nt Registered Agent		541		10. Name and Address of New Re	gistered A	gent	
RUE	SINOFF, SAUL			81	Name				
	7 E COMMERCIAL BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
FOF	RT LAUDERDALE FL 33339					·			
				83					
				84	City			85 Zip	Code
*				-	Oity		FL	100 24	10000
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove	-named cor	poration submits this statement for the I	ourpose of	changing	its registered
ottice or r	egistered agent, or both, in the Stati om familiar with, and accept the obliq	e of Horida. Such change wa pations of, Section 607.0505.	ss authorize Florida Sta	d by tutes	the corpora	ition's board of directors. I hereby acce	pt the appo	inlment a	s registered
SIGNATURE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE	Signature, typed or printed name of registered ag	gent and trile if applicable (N	NOTE: Registere	o Age	nt signature requi	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTO	
TITLE	PD			NLE				Change	Addition
NAME	RUBINOFF, SAUL		12 N						
STREET ADDRESS	3067 E COMMERCIAL BLVD		1.B ST		ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL	1,4.0		HY-SI	r - ZIP				
TITLE	DELETE 21		2.1 1	ITLE				Charige	Addit-on
NAME			22 N						
STREET ADDRESS			23\$		ADDRESS				
CITY-ST-ZIP			2.40	2. 4 CITY- S1 - ZIP					
TITLE		☐ DELETE						Change	Addit-on
NAME !			3,2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP			•			
TITLE			4.1 TI		. 611			Change	Addition
NAME	<u> </u>		4.21					3-	_ "
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-SI	L.				
TITLE	<u> </u>	☐ DELETE	51 T		1-14			Change	Addition
NAME			5.2 N						
					ADDRESS				
STREET ADDRESS					ADDRESS]
CITY-ST-ZIP				CITY-S1-ZIP				Change	Addition
TITLE		ר) הניגוג						— cuange	FT Monitory
NAME			62 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6,4 C	ITY-S	T - ZIP				

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 supplied ental 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 reporter or trustee empoying does execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or an attachment with an adjuds.