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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 679862 (3)

1. Corporation Name

PALM BEACH INDUSTRIAL SALES, INC.

Principal Place of Business

206 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442-0017

Mailing Address

3333 APENZELL CT.  
LAS VEGAS NE 89129-6181  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1980		3a. Date of Last Report 02/06/1996	
21 Suite Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2010606		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

IHRIE, ROBERT S.  
954 BANYAN DRIVE  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name	IHRIE, ROBERT S.		
82 Street Address (P.O. Box Number is Not Acceptable)	206 S. MILITARY TRAIL		
83 City	DEERFIELD BEACH, FL.	33442	
84 Zip Code	FL	85	

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 ROBERT S. IHRIE

1/10/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	IHRIE, ROBERT S.	
STREET ADDRESS	954 BANYAN DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	IHRIE, PAUL D	
STREET ADDRESS	3333 APENZELL CT	
CITY - ST - ZIP	LAS VEGAS NE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IHRIE, JEAN N.	
STREET ADDRESS	3333 APENZELL CT	
CITY - ST - ZIP	LAS VEGAS NE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IHRIE, ROBERT S.	
1.3 STREET ADDRESS	9650 STANGE AVE.	
1.4 CITY - ST - ZIP	LAS VEGAS, NV. 89129	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Paul D. Ihrie* PAUL D. IHRIE

1/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)