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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 837779

(8)

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90037 025 ***150.00

May 7, 1999 516.921.9300

AN INDUSTRIES, INC.	
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191 bai Place	of Business	Mailing Address					
345 UNDERHIL		345 UNDERHILL BLVD.					
SYOSSET NY	11791	SYOSSET NY 11791		DO NOT WRITE IN THIS SPACE			
		•		3. Date Incorporated or Qualifie			
				02/01/1977			
Procioal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Ар	olied For
425 Un	derhill Blvd.	425 Underh	ill Blvd.	11-2418291		No	Applicable
Sille Ab! #	I. elc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	
		27		5. Certificate of Statos Desired		Fee Re	quired
0 ', 3 State		City & State		6. Election Campaign Financing		\$5.00	,
Syosse	et, New York	28 Syosset, Nev		Trust Fund Contribution		Added I	
- 11701	Country	Zip	Country	8. This corporation owes or has			
11791	25 U.S.A.		U.S.A.	Personal Property Tax due Ju 10. Name and Address of New			J NO
	9, Name and Address of Current		81 Name	10. Name and Address of New	negistered /	Age III	
UNI	TED STATES CORPORATION CO	OMPANY		•			
110	NORTH MAGNOLIA STREET		82 Street A	ddress (P.O. Box Number is Not Accep	olable)		
TAL	LAHASSEE FL 32301		83				
			63				
			84 City			85 Zip (Code
				corporation submits this statement for the	FL		
1.0000000							
	n familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.	corporation submits this statement for the oration's board of directors. I hereby ac			
·In:=TURE	Signature Typed or printed name of registered ager	nt and title if applicable (NOTE.	Registered Agent signature	required when reinstaling)	DATE		
·Ch:4TURE	Signature Typed or printed name of registered ager OFFICERS AND	ni and sittle if applicable (NOTE. D DIRECTORS	Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	S IN 12
·CA:4TURE	Signature Typed or printed name of registered ager OFFICERS AND PSD	nt and title if applicable (NOTE.	Registered Agent signature 13. 1.1 TITLE	required when reinstaling)	DATE		
-::::::TURE	Signature Typed or printed name of registered ager OFFICERS AND PSD SILVER, MARTIN	ni and sittle if applicable (NOTE. D DIRECTORS	13. 1.1 TITLE 1.2 NAME	required when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	S IN 12
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Martin Silver

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