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CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

1. Corporation Name

SIGNATURE:

F04708

(6)

	an manufacturing, in								
Principal Place of	of Business	Mailing Address				-{	DÍÐI SBULÐIÐUR EIÐUL		il dian didi (600)
11210 NW 43 CT CORAL SPRINGS FL 33065 US		11210 NW 43 CT CORAL SPRINGS FL 33065			,				
		US				3. Date Incorporated or Qualified 11/07/1980	3a. Date of 04	Last Re /11/18	•
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	etc	Suite, Apt. #, etc.				59-2041144			Not Applicable Additional
2	, 610.	27				5. Certificate of Status Desired			Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Coul	ntry		8. This corporation has liability for	intangusie tax u		
4	25	29	30			Florida Statutes	ØNo.		
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F	legistered Age	ent	
				81	Name				
	EUGENE F		Ì	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	BROWARD BLVD #1609			B3					
	DERDALE, FL			83					
33301				84	City		FL	B5 Zip	Code
11 Pursuant to	the provisions of Sections 607.050	2 and 607 1508. Florida Statut	es the abo	Ve-Day	mod cornora	ation submits this statement for the pu		ag ite re	agistered office
or registere	d agent, or both, in the State of Flor	rida. Such change was authoriz	ed by the c	orpor	ation's board	d of directors. I hereby accept the app	ointment as rec	gistered	agent. I am
familiar with	, and accept the obligations of, Sec	ction 607.0303, 1 torida Statutes							
tamiliar with	•			Anant s	innature regulary)	without court belong	DATE.		
familiar with SIGNATUREs	lignature. Typed or printed name of registered ago		OTE: Registered	Agent si	ignature required	·· · · · · · · · · · · · · · · · · · ·	DATE	BECTO	RS IN 12
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familiar with SIGNATURE s 12.	lignature, typied or printoo name of registered agri OFFICERS Af	nt and title if applicable (NO	TE: Registered	TLE	signature requiror (·· · · · · · · · · · · · · · · · · · ·	ICERS AND DI		
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OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR