FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F75744** **(5)**

1. Corporation Name

PERMALAR INDUSTRIES OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
8841-1 ATLANTIC BLVD. JACKSONVILLE FL 32211	8841-1 ATLANTIC BLVD. JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: **04/09/1982**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-2193740** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [x] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 8841-1 Atlantic Blvd	26 8841-1 ATLANTIC Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fla.	City & State 28 Jacksonville, Fla.
Zip 24 32211 County 25	Zip 29 32211 County 30

9. Name and Address of Current Registered Agent

EDWARDS, MICHAEL L.
24 N. MARKET ST.
STE. 301A
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name: WILLIAM T. KOVER
82 Street Address (P.O. Box Number is Not Acceptable): 8841 ATLANTIC BLVD.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32211

11. Pursuant to the provisions of section 607.0505, 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: PRES. WILLIAM T. KOVER PRES. 4/1/96

OFFICERS AND DIRECTORS

12.

TITLE	P	[ ] DELETE
NAME	KOVER, WILLIAM T.	
STREET ADDRESS	617 WREN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	[ ] DELETE
NAME	KOVER, BARBARA E.	
STREET ADDRESS	3976 HIGH PINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, and 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 report or supplemental 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 with an address, with the exception of the officer or director authorized to sign.

SIGNATURE: WILLIAM T. KOVER PRES. 3/29/96 (904) 721 2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number