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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

F9400000614 (7)

EXMAR INDUSTRIES INC.

Principal Place of Business

Mailing Address



| 26 | 3531 S.E. HY | DE CIRCLE CIE FL 34984-6433 | | iyde circle Lucie FL 34984-643 | 3 | | | | | |
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| 20 Suite Api 4, etc. | | | | | | | · · | | | |
| Some Apt #, etc. Some Apt #, etc. Suite, Apt #, etc. Status Desired \$8.75 Acounty Fee Require City & Status Status Desired \$8.75 Acounty Status St | 2. Principal Flac | pe of Business | 2a. Mailing Ad | dress | | | | | | Applied For |
| City & Storie Connitry Country | 21 | | 26 | | | | 54-1573404 | | | Not Applicable |
| Trust Fund Confibution | ·- 4 | , etc. | F- 1 | #, etc. | | | 5. Certificate of Status Desired | | | |
| 25 | 1 ' | | F1 ' | e | | | , , , | | | |
| SOMEZ, TIMOTHY M 3331 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984-6433 83 84 City FL 85 Zip Code 11. Pursuant to time provisings of Sections 607.0502 and 607.1508, Florida Spanules. the above named corporation submits this statement for the purpose of changing its registerer or register or agent who this, mit decept the original with, mit decept the original with, mit decept the original with, mit decept the origination of Sections 607.0502 and 607.1508, Florida Spanules. the above named corporation submits this statement for the purpose of changing its registerer or registered agent. TIMOTHY M. GOMEZ SCANATURE SIGNATURE TIMOTHY M. GOMEZ OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 15. INTEL GOMEZ, TIMOTHY M. STATE OFFICERS AND DIRECTORS 16. TIME OFFICERS AND DIRECTORS IN 1 17. STATE OFFICERS AND DIRECTORS IN 1 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. TIME OFFICERS AND DIRECTORS IN 1 19. TIME OFFICERS AND DIRECTORS IN 1 10. TIME OFFICERS AND DIRECTORS IN 1 10. TIME OFFICERS AND DIRECTORS IN 1 11. STREET ADDRESS CITY STATE OFFICERS AND DIRECTORS IN 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. OTT STATE OFFICERS AND DIRECTORS IN 1 15. STREET ADDRESS CITY STATE OFFICERS AND DIRECTORS IN 1 16. TIME OFFICERS AND DIRECTORS IN 1 17. STATE OFFICERS AND DIRECTORS IN 1 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. TIME OFFICERS AND DIRECTORS IN 1 11. TIME OFFICERS AND DIRECTORS IN 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. OTT STATE OFFICERS AND DIRECTORS IN 1 15. TIME OFFICERS AND DIRECTORS IN 1 16. TIME OFFICERS AND DIRECTORS IN 1 17. STATE OFFICERS AND DIRECTORS IN 1 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I | | }-¬ ´ | · | — | buntry | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No | | | |
| GOMEZ, TIMOTHY M 3531 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984-6433 82 | | 9. Name and Address of Cu | rrent Registered Ager | nt | | | 10. Name and Address of New R | egistered / | Agent | |
| 3531 S.E. HYDE CIRCLE PORT ST. LUCIE FL 34984-6433 84 | | | | | 81 | Name | | | | |
| B3 | | | | | 82 | Street Add | lress (P.O. Box Number is Not Acceptab | le) | | |
| THE PORT ST. LUCIE FL 34984-6433 THE PORT ST. LUCIE FL 34984-6433 THE PORT ST. PORT ST. LUCIE FL 34984-6433 THE PORT ST. PORT | | | | | 83 | | | | | |
| SIGNATURE Sign | | | | | | • | | | 11 | • |
| Sq. Shr. Size 1 to protect more of traplaced age of any large of the manufacture. DATE | | | | rida Statutes, the above statutes althorized by the statutes. | corps | named corpo grations by | | | | registered office ad agent. I am |
| DELETE | SIGNATURE _ | ig sis re, typic for printed name of registered | agenit and title if apolicable | (NOTE Register | ed Agen | t signature require | ed when reinstatrig) | DATE | <u> </u> | |
| NAME STREET ADDRESS STATE ADDRESS AD | 12. | OFFICERS | AND DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OFF | CERS AND | DIRECT | ORS IN 12 |
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| SHEET ADDRESS 3531 S.E. HYDE CIRCLE 13 STREET ADDRESS 14 CITY-ST-ZIP | NAME | GOMEZ, TIMOTHY M | | 12 | NAME | | | | | |
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| STHEEL ALDHRESS 63 STREET ADDRESS | | | | | | | | | | |
| CITY-ST 7/P 64 CRY-S1-7/P 64 CRY-S1-7/P 64 CRY-S1-7/P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I full | CITY ST ZIP | eastif, that the information a man | had with this files is ust | untarily furnished as | CHIY-S | il-ZIP | for the evenuation stated in Section 110 | 07/3\/L\ EIA | rida Stat | utes I further |

certly 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 attackniont with an address.

SIGNATURE