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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90156 019 ***150.00

DOCUMENT # 1. Corporation Name F95000001836

Principal Place of Business

ROSS MANUFACTURING CORPORATION

4747 N. OCEAN SUITE 223	I DR.	4747 N. OCEAN DR. SUITE 223						
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					DO NOT WRITE IN THI	S SPACE	 1	
					3. Date incorporated or Qualifed	والمستشيد		
					04/14/1995			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	i —↓—	Applied For	
21 26					65-0064658		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	tifcate of Status Desired See Required		
City & State City & State					6. Election Campaign Financing	\$5.00	0 May Be	
23					Trust Fund Contribution		to Fees	
Zip	Country Zip Cou				8. This corporation owes the current year fr	ntangible		
24	25	29 30			Personal Property Tax.	Yes 🗌	∑ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
				81 Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				Cture 4 d at	description of the Assertable		 -j	
1201 HAYS ST.			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
SUITE 105			83	 				
TALLAHASSEE FL 32301								
			84	City	FI	85 Zip	Code	
11 Dureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the above	e-named co	propration submits this statement for the purpose of	of changing if	ts registered	
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		AIOTE O	solutional Appr	t signatura tagu	uired when reinstating) DATE			
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ir aidusmis iadr	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE		ABBITIONS/ANGES TO STATES	☐ Change		
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NAME				. ABBBE 60			J	
STREET ADDRESS	F7 41 5 5 6 6 6 6 6 6 6 6			ADDRESS				
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NAME			3.2 NAME					
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NAME			6.2 NAME	-				
STREET ADDRESS			6.3 STREE	TADDRESS	•		Ì	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	_			
		_ 						

I 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, with all other like empowered.

SIGNATURE: ROBERT RIGARONSON

9547852228