FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000002463 (6)**

1. Corporation Name
CISSELL MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DR SUITE 310 MIAMI FL 33126	5201 Blue Lagoon Dr suite 310 Miami FL 33126-2074

2. Principal Place of Business	2a. Mailing Address
21	26 831 S. First St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Louisville Ky
Zip 24 / Country 25	Zip 29 40203 / Country 30 USA

3. Date Incorporated or Qualified: 05/19/1995
3a. Date of Last Report: 03/06/1996
4. FEI Number: 61-0991778 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. ~~PINE~~ ISLAND RD PLANTATION FL 33324 OK	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City / 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SMITH, DAVID R		1.2 NAME	Pietrocini, Thomas	
STREET ADDRESS	303 S. BROADWAY		1.3 STREET ADDRESS	831 S. 1st St	
CITY-ST-ZIP	TARRYTOWN NY 10591		1.4 CITY-ST-ZIP	Louisville, Ky 40203	
TITLE	D	☒ DELETE	2.1 TITLE	T/CFO/VP/AS/D	☒ Change ☐ Addition
NAME	BALL, CHARLES E		2.2 NAME	Dunbar, J. Michael	
STREET ADDRESS	3055 CARDINAL DR		2.3 STREET ADDRESS	831 S. 1st St	
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP	Louisville, Ky 40203	
TITLE	PD	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	MILAM, MILTON E		3.2 NAME	Vandererfven, Wim	
STREET ADDRESS	831 S. FIRST ST		3.3 STREET ADDRESS	Nieuwstraat 146	
CITY-ST-ZIP	LOUISVILLE KY 40203		3.4 CITY-ST-ZIP	B-8560 Wevelgend (Belgium)	
TITLE	S	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MADIDA, STEPHEN A		4.2 NAME	Coppieters, Eddy	
STREET ADDRESS	477 MADISON AVE		4.3 STREET ADDRESS	Nieuwstraat 146	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	B-8560 Wevelgend (Belgium)	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNBAR, MICHAEL		5.2 NAME		
STREET ADDRESS	831 S. FIRST ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40203		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Pres. 4/24/97