

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90038 046 ***150.00

DOCUMENT # F96000000557

1. Corporation Name
CLINTON MACHINERY CORPORATION

Principal Place of Business
ATTN: JOHN K. ZIEGLER
5800 MIAMI LAKES DR
MIAMI LAKES FL 33014

Mailing Address
ATTN: JOHN K. ZIEGLER
5800 MIAMI LAKES DR
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

52-2020895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GLAZER, ESQ., ERIC L
5800 MIAMI LAKES DR.
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

JOHN K ZIEGLER

82 Street Address (P.O. Box Number is Not Acceptable)

5800 MIAMI LAKES DR

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	ZIEGLER, JOHN K	900 MILIK ST	CARTERET NJ 07008	<input type="checkbox"/>
PD	SCANKAVINO, FRANK G	5800 MIAMI LAKES DR.	MIAMI LAKES FL 33014	<input checked="" type="checkbox"/>
VD	GLAZER, MARC	5800 MIAMI LAKES DR.	MIAMI LAKES FL 33014	<input checked="" type="checkbox"/>
VD	NALL, CHARLES	5800 MIAMI LAKES DR.	MIAMI LAKES FL 33014	<input checked="" type="checkbox"/>
	JOHN K ZIEGLER JR CFO	900 MILIK ST	CARTERET, NJ 07008	<input type="checkbox"/>
	MARY ANNE KIERAN SECY	900 MILIK ST	CARTERET NJ 07008	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	MAXWELL TRIPP	900 MILIK ST	CARTERET, NJ 07008	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. 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:

Mary Anne Kieran

Date

Daytime Phone #

4-22-99 (732) 541-6255

CR2E034 (1/98)

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