


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

001064

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90060 018 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003818**

1. Corporation Name

**BOEHME-FILATEX, INC.**

Principal Place of Business

**209 WATLINGTON INDUSTRIAL DRIVE  
REIDSVILLE NC 27320-8147**

Mailing Address

**209 WATLINGTON INDUSTRIAL DRIVE  
REIDSVILLE NC 27320-8147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/26/1996**

4. FEI Number

**56-1316508**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GOODMAN, PHILLIP L  
4310 NW 36TH AVENUE  
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name

**Goodman, Phillip L.**

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

**3575 NW 60 Street**

83

84 City

**Miami**

**FL**

85

**Zip Code  
33142**

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
ECKERT, RENE A  
209 WATLINGTON INDUSTRIAL DRIVE  
REIDSVILLE NC 27320-8147**

TITLE ☐ DELETE

**V  
GOODMAN, PHILLIP L  
209 WATLINGTON INDUSTRIAL DRIVE  
REIDSVILLE NC 27320-8147**

TITLE ☐ DELETE

**ST  
MABE, JUDY A  
209 WATLINGTON INDUSTRIAL DRIVE  
REIDSVILLE NC 27320-8147**

TITLE ☐ DELETE

**C  
FRINGS, JOCHEN  
ISARDAMM 79-83, D-82538 GERETSRIED  
GERMANY**

TITLE ☐ DELETE

**D  
BOHME, HEIKO  
ISARDAMM 79-83, D-82538 GERETSRIED  
GERMANY**

TITLE ☐ DELETE

**D  
BOHME, PETER  
ISARDAMM 79-83, D-82538 GERETSRIED  
GERMANY**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Judy A. Mabe*  
Judy A. Mabe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-99**  
Date

**336-342-6631**  
Daytime Phone #

CR2E034 (11/98)