

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

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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G53127** (8)

1. Corporation Name  
**FELCO PRODUCTS, INC.**

Principal Place of Business

**% ELIAS S. HURWITZ**  
**1928 MEARS PKWY.**  
**MARGATE FL 33063**

Mailing Address

**% ELIAS S. HURWITZ**  
**1928 MEARS PKWY.**  
**MARGATE FL 33063-3701**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/08/1983</b>		3a. Date of Last Report <b>06/28/1996</b>	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HURWITZ, ELIAS S.</b> <b>1928 MEARS PKWY.</b> <b>MARGATE FL 33063</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
85. Zip Code				86. State			
87. City				88. State			
89. City				90. State			
91. City				92. State			
93. City				94. State			
95. City				96. State			
97. City				98. State			
99. City				100. State			

g. Name and Address of Current Registered Agent

**HURWITZ, ELIAS S.**  
**1928 MEARS PKWY.**  
**MARGATE FL 33063**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

**FL**

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

Signature typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	<b>HURWITZ, ELIAS S</b>	1.2 NAME	
STREET ADDRESS	<b>5504 N.W. 77TH TERRACE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CORAL SPGS. FL</b>	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIAS S. HURWITZ** 4-11-97

Date

954-973-6599

Daytime Phone #

0146670

CR2E034 (9/96)