FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

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SIGNATURE:

H22617

(5)

DOCUM 1. Corporation N T. E. S	IENT # H2261 INDUSTRIES, INC.	7 (5)						
Principal Place of	f Business	Mailing Address				<u> </u>	H WINI NAME	
% T. E. SANI 5269 N.W. 16	Ders 1 St.	% T. E. SANDERS 5269 N.W. 161 ST.						
MIAMI FL 330	n4	MIAMI FL 33014			3. Date incorporated or Qualified 09/21/1984	3a. Date o	of Last Re. 4/28/19	•
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	· · · · · · · ·		applied For
	• • • • • • • • • • • • • • • • • • • •	26			<u>59-2518831</u>			lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			May Be
		28	1 -		Trust Fund Contribution 8. This corporation has liability for			to Fees
Zγρ ∃	Country	Zip 29	30 Cou	ntry	Florida Statutes **X Yes** **Table 1.		. under s	199.032,
<u> </u>	9. Name and Address of Current		[30]		10. Name and Address of New F		gent	
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		81 Name				
SANDER	8S. T. E.			82 Street Addr	ress (P.C). Box Number is Not Acceptate	ole)		
	S.W. 63RD MANOR				035 (
	DERDALE FL 33331			83				
				84 City		FL	85 Zip	Code
or registere familiar with SIGNATURE	the provisions of Sections 607.0502 d agent, or both, in the State of Florid i, and accept the obligations of, Section squalure, tiped or printed name of registered agent.	la. Such change was authoriz on 607.0505, Florida Statutes	rea by the a S.	ve-named corpo- corporation's boat	ration submits this statement for the purid of directors. I hereby accept the app	rpose of char pointment as i	registered	agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
ITLE	PTD	☐ DELETE	1,11	ITLE] Change	Addition
NAME	SANDERS, T. E.		1.2 N					
STREET ADDRESS	17551 S.W. 63RD MANOR			TREET ADDRESS				
ITY-ST-ZIP	FT. LAUDERDALE FL	□ DELETE	14C 2 1 T	HTY-ST-ZIP			7 Change	Addition
TITLE	S CANDEDO DETOVA		2.2 N				J	_
NAME	SANDERS, BETSY A. 4719 GRAPEVINE WAY		1	TREET ADDRESS				
STREET ADDRESS	DAVIE FL			ITY - ST - ZIP				
TITLE	Diffic 1 E	☐ DELETE	3.17	ITLE			Change	☐ Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3.5	STREET ADDRESS				
CITY-ST-ZIP				1TY - S1 - ZIP		_ _	Change	Addition
IITLE		☐ DELETE	4.11			L	_1 Orlange	
NAME			4.2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP TITLE		[T] DELETE	5 1	ITY-ST-ZIP NTLE			Change	Addition
NAME			521	Į.		_		
NAME STREET ADDRESS			l l	TREET ACORESS				
CITY-ST-ZIP			5.4 0	CITY-ST-ZIP				
TITLE		DELETE	6. 1	TITLE		Ī	Change	Addition
NAME			621	IAME				
STREFT ADDRESS			6.3 9	STREET ADDRESS				
CITY-S1-ZIP		<u> </u>	640	CITY-ST-ZIP	for the augmention stated in Continue 4.44	0.07/2V/A E1-	vrida Statu	tes I further
NAME STREET ADDRESS CITY-S1-2IP 14. I do hereby	y certify that the information supplied the information indicated on this annial am an officer or director of the day Block 12 or Block 13 it manged to	with this filing is voluntarily fur	62 M 63 S 64 C mished and	IAME STREET ADDRESS DITY-ST-ZIP I does not qualify	for the exemption stated in Section 11: rate and that my signature shall have th his repo1 as required by Chapter 607, I	9.07(3)(k), Flo e same legal Florida Statut	orida Statu effect as i es; and th	ites. if ma

T.E. Sanders, Pres.

4/11/96 (305)620-8715
Date Dattine Phone #

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR