


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

FILED

Apr 28 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 # H41759 (2)			
1. Corporation Name INDUSTRIAL MODELS, INC.			
Principal Place of Business 1791 BLOUNT ROAD #400 POMPANO BEACH FL 33069		Mailing Address 1791 BLOUNT ROAD #400 POMPANO BEACH FL 33069-5125	
2. Principal Place of Business 21 1775 BLOUNT RD Suite, Apt. #, etc. 22 400 City & State 23 Pompano BEACH FL Zip 24 33069		2a. Mailing Address 26 1775 BLOUNT RD Suite, Apt. #, etc. 27 400 City & State 28 Pompano BEACH FL Zip 29 33069 Country 30 BROWARD	
g. Name and Address of Current Registered Agent SHOOK, AUDREE 1791 BLOUNT ROAD 1775 #400 POMPANO BEACH FL 33069		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SHOOK, DONALD W.		
STREET ADDRESS	1791 BLOUNT RD #400 1775		
CITY-ST-ZIP	POMPANO BEACH FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	SHOOK, AUDREE		
STREET ADDRESS	1791 BLOUNT RD #400 1775		
CITY-ST-ZIP	POMPANO BEACH FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	URBAIN, KENNETH		
STREET ADDRESS	1791 BLOUNT RD #400		
CITY-ST-ZIP	POMPANO BCH FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	SHOOK, KURT W.		
STREET ADDRESS	1791 BLOUNT RD. #400 1775		
CITY-ST-ZIP	POMPANO BCH FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	TERESA URBAIN		
STREET ADDRESS	1775 BLOUNT RD #400		
CITY-ST-ZIP	POMPANO BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME	TERESA URBAIN		
5.3 STREET ADDRESS	1775 BLOUNT RD #400		
5.4 CITY-ST-ZIP	POMPANO BEACH FL		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an attachment with an address.			
SIGNATURE: <u>Audree Shook</u> 4-21-97 954-974-3108 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)