FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS DOCUMENT # **H69223** SHAWNEE INDUSTRIAL PARK, INC. Principal Place of Business Mailing Address 3650 SHAWNEE AVENUE C/O JACK H. DIETZ W. PALM BEACH FL 33409 1660 SOUTHERN BLVD-SUITE M WEST PALM BEACH FL 33406-3219 3. Date Incorporated or Qualified 3a. Dale of Last Report 01/20/1996 1/40/ 07/31/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied Fo 59-2625711 26 Not Applic 21 Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additions 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax onder s. 199 03 ☐ Yes 【② No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIETZ, JACK H. 1660 SOUTHERN BLVD SUITE M Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33406 83 84 City 85 Zip Code 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Add TITLE 11 TITLE LOVERDE, JOSEPH 1.2 NAME 39 FRANCES DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLARKE NJ** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Add TITLE 21 TITLE LOVERDE, JOHN NAME 2.2 NAME 575 EAST LINDEN BOULEVARD STREET ADDRESS 2.3 STREET ADDRESS LINDEN NJ CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change bbA TITLE 3 1 THILE ZEISEL, GLORIA NAM! 3.2 NAME 18 HILLTOP PLACE STREET ADDRESS 3.3 STREET ADDRESS MONSEY NY CITY-SY-ZIP 34. CITY-ST-ZIP Change Addi TITLE DELETE 4.1 TITLE ZEISEL, HENRY 4. 2 NAME 18 HILL TOP PLACE STREET ADDRESS 4.3 STREET ADDRESS MONSEY NY CHTY-S1-ZIP 4.4 CITY-\$1-ZIP DELETE Change Addit TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-7IP 5.4 CITY - ST - ZIP 30000250514 ☐ DELETE -04/29/98--01059--013 TITLE 61 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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: I am an officer or director of the corporation or the receiver or frustee embourered to execute this report as required by Chapter 60. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATIEDE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

***150.00