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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # H72488

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Principal Plac % GEORGE E 14604 SW 801 MIAMI FL 331: 2. Principal F 21 Surte, Apt. 22	DODUCTS INDUSTRIES, IN DE OF BUSINESS NGELKEN TH ST 83 Place of Business	Mailing Address * GEORGE ENGELKEN 14604 SW 60TH ST MIAMI FL 33163-2918 2e. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 08/21/1985 4. FEI Number 59-2579594 5. Certificate of Status Desired 3a. Date of Last Report 08/13/1998 Applied For Not Applicable \$8.75 Additional Fee Required
City & Star 23	ie:	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No
24	9. Name and Address of Curr	29 ent Registered Agent	30	Florida Statutes Yes L No 10. Name and Address of New Registered Agent
146 MLA	Gelken, george 804 SW 80TH ST AMI FL 33183		83 84 City	ress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
office or agent 1 a SIGNATURE	Signature, typed or printed name of registered		tides, the above-harned con- security of the corporal forida Statutes. DTE: Registered Agent signature requirements.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered red when reliateling. Out: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TICLE NAME STREET ADDRESS ENTY-ST-7IP	PTD ENGELKEN, GEORGE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VSD ENGELKEN, SHERRY	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
THEE NAME STHEET ACORESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	. Change Addition
TIFLE NAME STREET ADDRESS CITY: ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME SIREET ADORESS CITY- \$1-78P		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS OTY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	. Change Addition
14. I do here informati I am an e	ion indicated on this annual report o	or supplemental annual report is or the receiver or trustee empo	alify for the exemption state true and accurate and the owered to execute this repo	d in Section 119.07(3)(i), Florida Statutes, I further certify that the it my signature shall have the same legal effect as if made under oath; that ort as required by Chapter 607, Florida Statutes; and that my name