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Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J07460 (5)
1. Corporation Name
NYLE DRYING SYSTEMS, INC.

Principal Place of Business
% RICHARD N. FRIEDMAN SUITE 209
9200 S. DADELAND BLVD. #612 9655 So.
MIAMI FL 33156 DIXIE HWY.

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

9. Name and Address of Current Registered Agent
FRIEDMAN, RICHARD N.
9200 S. DADELAND BLVD. #612 9655 So. DIXIE HWY
STE 012-209
MIAMI FL 33156

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 title (applicable)
(NOTE: Registered Agent's signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	NYER, SAMUEL	1.2 NAME	
STREET ADDRESS	72 CENTER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BANGOR ME	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LEWIS, DONALD C.	2.2 NAME	
STREET ADDRESS	72 CENTER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BREWER ME	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 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: Samuel Nyer Samuel Nyer 2/17/98 207-989-4035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 2020231



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/03/1986
4. FEI Number
NOT APPLICABLE
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 209
83 9655 So. DIXIE HWY
84 City MIAMI FL 85 Zip Code 33156

CR2E034 (10/97)