

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUN 16 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J40590

(8)

1. Corporation Name

ARMBRUSTER PRODUCTS, INC.

Principal Place of Business

610 N.E. 29TH STREET  
POMPANO BEACH FL 33064

Mailing Address

610 N.E. 29TH STREET  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

3a. Date of Last Report

07/26/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

4. FEI Number

59-2731459

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contributions

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, DAVID E.  
1760 N.E. 1ST STREET  
FT. LAUDERDALE FL 33301

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

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent (capitalize required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ARMBRUSTER, JOSEPH M.

STREET ADDRESS

2700 NE 47TH ST

CITY, ST, ZIP

LIGHTHOUSE PT FL

TITLE

VS

NAME

ARMBRUSTER, SUE B.

STREET ADDRESS

2700 NE 47TH ST

CITY, ST, ZIP

LIGHTHOUSE PT FL

TITLE

CTD

NAME

KUMP, JOSEPH G

STREET ADDRESS

3070 NE 44TH ST

CITY, ST, ZIP

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

300001517453

05/20/95 01050-013

\*\*\*\*233.75 \*\*\*\*233.75

6/16/95 Mst

SIGNATURE:

Signature and Title of Signing Officer or Director

Sue B. Amosquez, V-P

6-15-95

305-785-8166

Title

Telephone #

CR2E034 (3/95)