

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J56993** (5)

1. Corporation Name  
**CIRO INDUSTRIES, INC.**



Principal Place of Business: **721 NW 7TH TERRACE FT LAUDERDALE FL 33311-7312**  
Mailing Address: **721 NW 7TH TERRACE FT LAUDERDALE FL 33311-7312**

3. Date Incorporated or Qualified: **02/05/1987**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **06-1190853**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-headers for State, City, Zip, and Country.

9. Name and Address of Current Registered Agent  
**WEBER, JOHN  
541 TROPICAL WAY  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent (81-85)  
81 Name: **WILLIAM B. SECKEL**  
82 Street Address: **705 NE 2nd STREET.**  
83 Apt. 4  
84 City: **HALLANDALE FL**  
85 Zip Code: **33009**

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: *x Will B. Seckel* (NOTE: Registered Agent signature required when reinstating) DATE: **2-27-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WEBER, JOHN	
STREET ADDRESS	541 TROPICAL WAY	
CITY- ST- ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William Seckel	
13 STREET ADDRESS	705 N.E. 2nd St. #4	
14 CITY- ST- ZIP	HALLANDALE FL. 33009	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAMES SECKEL	
23 STREET ADDRESS	705 N.E. 2ND ST. #4	
24 CITY- ST- ZIP	HALLANDALE FL. 33009	
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *x Will B. Seckel* DATE: **2-27-96** 954-456-5091

CR2E034 (12/95)