Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90013 004 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J82063

1. Corporation Name

PMA FABRICATORS, INC.

Principal Place of Business	Mailing Address				r restrict and restre their sells since			
1054 NW 52 ST. 1054 NW 52 ST FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309					DO NOT WRITE	F IN THIS SDA	ıce	
us	U\$				3. Date Incorporated or Qualifed	Č 114 11119 21-1	<u></u>	
					07/10/1987			
2. Principal Place of Business	2a. Mailing Address	·			4. FEI Number		App	lied For
21	26			_	65-0009752			Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_		5. Certifcate of Status Desired	┌ \$	8.75 A	dditional
22	27				J. J. Joer modele, of Journal, 500, 100		Fee Rec	quired
City & State	City & State				6. Election Campaign Financing	п ;	\$5.00 h	May Be
23	28				Trust Fund Contribution		Added to	Fees
Zip Country 25	Zip 29 3	Country	У		8. This corporation owes the currel Personal Property Tax.			□No
	s of Current Registered Agent	~	•		10. Name and Address of New Re	egistered Age	nt	
WALSH, THÖMAS B.		81	Na	me				
1054 NW 52 ST		82	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	ole)		
FT. LAUDERDALE FL 33309	9	83	3					
						8	5 Zip C	ode
11. Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Statutes	s, the abov		•	pration submits this statement for the p	FL	nging its r	ĺ
SIGNATURE	ons 607.0502 and 607.1508, Florida Statutes in the State of Florida. Such change was aut of the obligations of, Section 607.0505, Florida Statutes and the displicable. (NOTE: Figistered agent and title displicable.	s, the abov thorized by da Statutes	/e-nar / the c s.	ned corpo orporation	oration submits this statement for the pin's board of directors. I hereby accept when reinstating)	FL	nging its reg	ĺ
SIGNATURE Signature, typed or printed name of		s, the abov thorized by da Statutes	/e-nar / the c s.	ned corpo orporation		PL ourpose of char the appointment		registered listered
SIGNATURE Signature, typed or printed name of	f registered agent and title if applicable. (NOTE: R	s, the abov thorized by da Statutes	/e-nar / the c s.	ned corpo orporation	when reinstating)	PL purpose of chai the appointme DATE ICERS AND D		registered listered
SIGNATURE Signature, typed or printed name of 12. OF I	registered agent and title if applicable. (NOTE: R	s, the abov thorized by da Statutes Registered Age	ve-nar y the c s.	ned corpo orporation	when reinstating)	PL purpose of chai the appointme DATE ICERS AND D	IRECTO	registered listered
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SIGNATURE 12. OFI TITLE DP NAME WALLACE, DEAN STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL TITLE DVP NAME WALSH, THOMAS B. STREET ADDRESS 1054, NW 52, ST	registered agent and title if applicable. (NOTE: R FICERS AND DIRECTORS DELETE	s, the above thorized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	ye-nar y the c s. ant signs ET ADDR	ned corpo orporation	when reinstating)	DATE	IRECTOR Change	registered sistered s
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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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 T/TLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FIZ WALSAIRED

DELETE

☐ Change

Addition