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

## PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05 1998 8:00am Secretary of State

	1000				
DOCUMENT # KO330\					
I.G.Y. Trim Inc					
		-		ļ	
b	.10				
Principal Place of Business Mailing Address					
14761 Highland Springs Ct. SAME				DO NOT WRITE IN TH	IIS SPACE
Davie, Fln 33325				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1476	1 HIBHLAND Fringe O	26 34mE		650018 175	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
	he FL	28 SAME		Trust Fund Contribution	Added to Fees
7 333 <i>a</i>	Country	Zip	Country	8. This corporation owes or has paid the	
4 5350	25 25 USA	28 SIAME	30 SAME	Personal Property Tax due June 30.	Yes KNo
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
Ma	ok IARUILI		81 Name		
				dress (P.O. Box Number is Not Acceptable)	
14761 Highland Springs Ct					·
<b>N</b>	<b></b> .				
4 au	ie, Fl 333	25	84 City	F	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
-	im tamiliar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Statutes		
SIGNATURE _	Signature, typed or printed name of registered age	or or discrete approable (NO)	F: Hegislored Agent signature requ	uired when roinstating) DATI	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TATLE	President	PP DELETE	1.1 THTLÉ		☐ Change ☐ Addition
NAME	MARK Ingulli 14761 Highland S	•	1.2 NAME		
STREET ADDRESS	14741 Highland S	orines G	1.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	NA14 E4 333	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	trocke) b( >>>	S C Street	2.2 NAME		Change Moulton
STREET ADDRESS			23 STREET ADORESS		1
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE -		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ĺ
CITY-S1-ZIP			3.4. CITY+ST+ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- ST- ZIP	" THOMOSETT	Change Addition
NAME		La verric	5.1 TITLE 5.2 NAME	100002511 -05/05/9801115-	
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	000
CITY-ST-ZIP			5.4 CITY - ST <sub>E</sub> ZIP	mma. 1 m C + C C	}
TITLE		DELETE	611/TLE		☐ Change ☐ Addition
NAME			6.2 NAME	.√	1
STREET ADDRESS			6.3 STREET ADDRESS	) ΄	\5
CITY - ST - ZIP			6.4 CITY-ST-ZIP	7 7	•

14. Thereby 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 opporation 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, gip on an attachment with an address.

SIGNATURE:

NO TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-98 954-433-962

CR2E034 (10/97)