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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K08718

IAIIAE	MONICS MANUFACTURING	à, INC.			 		
ncipal Place	e of Business	Mailing Addres	s			18001 11881 1811 B.B.N I	icent etent åren Ellen blent
3900 DOW	Y RD	3900 DOM	RD				
STE J MELBOURI	NE FL 32934	STE J MELBOURN	IE FL 32934				
US		US	12 12 32304		3. Date Incorporated or Qua		of Last Report
Principal D	lace of Business			,_	12/23/1987		08/01/1995
ппоратт	race of Edsilless	2a. Mailing Add	iress		4. FEI Number 59-1959017		Applied For
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				\$8.75 Additiona
		27			5. Certificate of Status Desin	ed 🗀	Fee Required
City & State	e	City & State	,		6. Election Campaign Finance	ing	\$5.00 May Be
Zip	Country	28	7		Trust Fund Contribution		Added to Fees
-142	25	Zip	30	ountry	8. This corporation has liabili Florida Statutes		x under s 199.032,
	g. Name and Address of Currer	nt Registered Agent	1901	T	10. Name and Address of N	Yes No	Boon!
	•			81 Name			-gont
	PSON, HARRY B			82 Street Add	dress (P.O. Box Number is Not Acc	entable)	
	URST ROAD, NE						
PALM	BAY FL 32907			83			
				84 City			85 Zip Code
Pursuant I	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric	2 and 607.1508. Florid	ia Statutes, the ah	nove-named corre	protion submits this statement for the	FL	
or register	red agent, or both, in the State of Floric th, and accept the obligations of Secti	da. Such change was	authorized by the	corporation's has	and of directors. Thereby account the	e purpose oi cha appointment as	nging its registered o registered agent. Lan
tamiliar wit		ion 607 0505. Florida	Ctatutas	corporation a boo	are or arrestors, ritoropy accept the		
	th, and accept the obligations of, Secti	ion 607.0505, Florida	Statutes.	corporation a box	are or americal. Thereby accept the	-,-,-	ogieto da agoria (tari
NATURE _	Signature, typed or printed name of registered agent	and little if applicable	Statutes.	od Agent signature require		DATE	
IATURE _	Signature: typed or printed name of registered agent OFFICERS ANI	and little if applicable D DIRECTORS	(NOTE Registers	od Agent signature require		DATE	
NATURE _	Signature, typed or printed name of registured agent OFFICERS ANI	and little if applicable	(NOTE Registers 13. ETE 1.1	od Agent signature requiri	ed when reinstalings	DATE OFFICERS AND	DIRECTORS IN 12
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SIGNATURE:

MONATURE AND TYPED OR PRINTED HAME OF HONING OFFICER OR DIRECTOR
Harry B. Thompson, Jr.

4/12/96 407-254-7300