	NOTICE CORPORATION WILL BE	DIODOLUITO OU OD AFTE	D 1101017 7 4000		·
SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVEU ON DR AFTE LVED, MINIMUM AMOUNT D	K AUGUST 7, 1996. Due to reinstate: \$375.)	··•	
PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # K55565 (1)				1	
IDEAL C	CONTROLS CORPORATION			1 (150/0)((45/ 0)(6/ 3)(6/ 0)(15 0)(6/	Till Billio Billio Billio Billio Billio Billio Billio Billio
Principal Place	e of Business	Mailing Address			
1460 S.W. 1S1 DEERFIELD BE	r way Each FL 33441	1460 S.W. 1ST WAY DEERFIELD BEACH FL	33441		
S. Propried D	lace of Business	2a, Mailing Address		3. Date Incorporated or Qualified 01/04/1989 4. FEI Number	3a, Date of Last Report 04/04/1995 Applied For
	NW 109 TELYHEE	26 4400 N	w 109 Tenner	65-0091539	Not Applicable
Suite, Apt		Suite, Apt # etc		5. Cerbficate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
يهما وع			DHIMGS, FC	Trust Fund Contribution	Added to Fees
Zip 4 3300	Gountry 4.5	Zφ 33065	Country 30 45	This corporation has Lability for Florida Statutes	ir intangible tax under s. 199 032, Yes 🙀 No
	9. Name and Address of Current	- 11		10. Name and Address of New F	legistered Agent
	AL, LARRY		81 Name		
	O S.W. 1ST WAY		82 Street Addre	ess (P.O. Box Number is Not Accept	able)
UE	ERFIELD BEACH FL 33441		83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Elorida. Such change was	a ithorized by the comorabi	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered
SIGNATURE			iOTE Registered Agenit signature require		
12.	Signature Type dior printed name of registered agen OFFICERS AND		13.		ICERS AND DIRECTORS IN 12
THLE	D	DELETE	11][[[[Change Addition
NAME STREET ADDRESS	DEAL, LARRY 4400 NW 109 TERR		1.2 NAME 1.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL		1 4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TrYLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS 2 4 City - St - Zip		
CITY - ST - ZIP		DELETE	3 1 TIFLE		Change Addition
NAME		—	3 2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY - ST - ZIP		T DELETE	3.4 City-St-ZIP		Channa Fig
TITLE		DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STHEET ADDRESS		
CITY - ST - ZIP			4.4 G/TY - ST - Z/P		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
		i i Detell	■ VIIIILL		L. J. Shanga L. J. Manito i

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this firing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as a made under oath that I am an office or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPEDIDA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96 954-973-9732 Depty Proces