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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90170 017 ***150.00

05/26/99

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K62768

1. Corporation Name

ABRASIVE MACHINE GRINDING MANUFACTURING CORP.

Principal Place of Business

C/O D R FALZETTI
5205 WALNUT HILLS
BRIGHTON MI 48116

Mailing Address

5205 WALNUT HILLS
BRIGHTON MI 48116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1989

4. FEI Number

65-0129393

Applied For

No Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 907 N. Federal Hwy

Suite, Apt. #, etc.

22 City & State

23 Boynton Beach, FL

24 Zip 33435

25 Country USA

2a. Mailing Address

26 145-53 9TH Ave

Suite, Apt. #, etc.

27 City & State

28 Whitestone, NY

29 Zip 11357

30 Country USA

9. Name and Address of Current Registered Agent

SOLIERI, STEVEN A.
ONE N OCEAN BLVD
THIRD FLOOR
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33435

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

04/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SOLIERI, STEVEN A
STREET ADDRESS 145-53 9TH AVENUE
CITY-ST-ZIP WHITESTONE NY 11357

TITLE D ☐ DELETE

NAME SOLIERI, MICHAEL
STREET ADDRESS 145-53 9TH AVENUE
CITY-ST-ZIP WHITESTONE NY 11357

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, VP, Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 145-53 9TH Ave

1.4 CITY-ST-ZIP Whitestone, NY 11357

2.1 TITLE SEC, TREAS, Director ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 145-53 9TH Ave

2.4 CITY-ST-ZIP Whitestone NY 11357

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 718 767-8538

Date

Daytime Phone #

CR2E034 (11/98)