

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K93393** (2)
1. Corporation Name
MIL-SPEC FINISHERS, INC.



Principal Place of Business: C/O DAVID S. GOLDMAN, 1212 N. HERCULES AVE., CLEARWATER FL 34625 US
Mailing Address: % DAVID S. GOLDMAN, 1212 N. HERCULES AVE., CLEARWATER FL 34625

3. Date Incorporated or Qualified: **06/07/1989**
3a. Date of Last Report: **06/07/1995**

2. Principal Place of Business: 21 1700 N. Hercules Ave., 22 Bldg. # 3, 23 Clearwater, FL, 24 34625
2a. Mailing Address: 26 P.O. Box 5272, 27 Suite, Apt. #, etc., 28 Clearwater, FL, 29 34618-5272, 30 USA

4. FEI Number: **59-2956220**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GOLDMAN, DAVID S., 1212 N. HERCULES AVE., CLEARWATER FL 34625

10. Name and Address of New Registered Agent: 81 Name: Goldman, David S., 82 Street Address: 1700 N. Hercules Ave., 83 Bldg. #3, 84 City: Clearwater, FL, 85 Zip Code: 34625

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] DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, DAVID S.	
STREET ADDRESS	1212 N. HERCULES AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLDMAN, TODD H	
STREET ADDRESS	1212 N. HERCULES AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, ANDREW M	
STREET ADDRESS	1212 N. HERCULES AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REDMAN, RITA M	
STREET ADDRESS	1212 N. HERCULES AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOLDMAN, LENORE D	
STREET ADDRESS	1212 N. HERCULES AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1700 N. Hercules Ave., Bldg. #3
1.4 CITY-ST-ZIP	Clearwater, FL 34625
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1700 N. Hercules Ave., Bldg. #3
2.4 CITY-ST-ZIP	Clearwater, FL 34625
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1700 N. Hercules Ave., Bldg. #3
3.4 CITY-ST-ZIP	Clearwater, FL 34625
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1700 N. Hercules Ave., Bldg. #3
4.4 CITY-ST-ZIP	Clearwater, FL 34625
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1700 N. Hercules Ave., Bldg. #3
5.4 CITY-ST-ZIP	Clearwater, FL 34625
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE: [Signature] DATE: 4/30/96 (813) 441-1189

CFR2E034 (12/95)