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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE:

L56500

(6)

CECHDITY	INDITIONALOR	EQUIDARENT.	INIO
DECURIT	INDUSTRIES/MSC	EQUIPMENT.	INU.

Principal Place		Maiing Andress				
707 CHILLINGWORTH DR		707 CHILLINGWORTI	H DR			
WEST PALM	BEACH FL 33409	WEST PALM BEACH	l FL 33409			
				3. Date incorporated or Qualified 03/09/1990	3a. Date of Last Re 04/13/199	•
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		pplied For
21		26		65-0181079	N	lot Applicable
Suite, Apt. # 22	t, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	7	Additional lequired
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution		May Be to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for		
24	25	29	30	<del>-</del>	□ No	
	9. Name and Address of Currer	nt Registered Agent	\ <u></u>	10. Name and Address of New F	legistered Agent	
			81 Name	REGINALD G. S	MMBAUG	14
	NUGLAS R.		82 Street Ad	ldress (P.O. Box Number is Not Acceptat		
	ROSPERITY FARMS RD		83 11400			
PALM D	EACH GARDENS 33410		1900	Centrepark Blud.	Suite 86	$\mathcal{O}$
			84 City )	Lear Para Bi- nell	FL 85 Zip	Code
11. Pursuant to	o the provisions of Sections 607,0502	2 and 607.1508. Florida State	utes, the above named corp	poration submits this statement for the pu	roce of changing its re	oistered office
or registere	ed agent, or both, in the State of Flore n, and accept the obligations of Sect	da. Suct change was author	rized by the corporation's bo	pard of directors. I hareby accept the app	ointment as registered	agent Lam
72.717.00 1112	if and account the conference of account	ion con todoo, i londa Otatele	10.2			
CICNATURE						
SIGNATURE	Signature: typed or printed han e of requirers Lagran	a. of title it applicable	(NOTE: Figure Face) Agent signature repri	ired when renatating)	(Alt	
12.	OFFICERS AN	D DIRECTORS	(NOTE: Flogs fared Agent signature record	red when recessaring)* ADDITIONS/CHANGES TO OFF		RS IN 12
<b>12.</b> Title	OFFICERS AN					RS IN 12
12. TITLE	DPT MONZ, THOMAS L.	D DIRECTORS	13. 1 1 TILLE 1 2 NAME		ICERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	DPT MONZ, THOMAS L. 15898 77TH TRAIL NORTH	D DIRECTORS	13. 1 1 TILLE 1 2 NAME 1 3 SIPEET ADDRESS		ICERS AND DIRECTOR	
112. TITLE NAME STREET ADDRESS CITY+ST-ZIP	DPT MONZ, THOMAS L. 15698 77TH TRAIL NORTH PALM BCH GARDENS FL	D DIRECTORS	13. 1 1 TILE 1 2 NAME 1 3 SIPEET ADDRESS 1 4 CITY ST 2IP		ICERS AND DIRECTOF  Charge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY+S1-ZIP TITLE	DPT MONZ, THOMAS L. 15698 77TH TRAIL NORTH PALM BCH GARDENS FL DS	D DIRECTORS	13. 1 1 TILE 12 NAME 13 SPEET ADDRESS 14 CITY - ST ZIP 2 1 TILE		ICERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT MONZ, THOMAS L. 15698 77TH TRAIL NORTH PALM BCH GARDENS FL DS MONZ, BARBARA G.	D DIRECTORS	13. 1 1 TILE 12 NAME 13 SIPEET ADDRESS 14 CITY - ST 2IP 2 1 TILE 22 NAME		ICERS AND DIRECTOF  Charge	☐ Addition
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FPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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