FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

LATE AL

Mar 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)L73227 ZAMBORIK PRECISION PLASTICS, INC. Principal Place of Business Mailing Address 4 HARMAR ST. 4 HARMAR ST. WARREN PA 16365 WARREN PA 16365 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0203675 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 27 City &/State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 **BOLEŞKY, TRACY H** 501 GOODLETTE RD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B-106 83 NAPLES FL 33940 City ß5 Zip Code 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 of ange 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 8 patietes. LOIS J. ZAMBORIK SIGNATURE Signature, typed or printed name of registered agent and title if app ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change ZAMBORIK, MICHAEL J 12 NAME NAME **RN3 BOX 3255** STREET ADDRESS 1.3 STREET ADDRESS **RUSSELL PA** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE ZAMBORIK, LOIS NAME 2.2 NAME **RN3 BOX 3255** STREET ADDRESS 2.3 STREET ADDRESS RUSSELL PA CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change __ Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY-ST-ZIP 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 trusted 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.

11 211.100

FILED