

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 # **L83737** (1)

1. Corporation Name

CLIMBING PLATFORMS, INC.

Principal Place of Business

**1239 E. NEWPORT CENTER DR.
1239 EAST NEWPORT CENTER DRIVE S-117
DEERFIELD BCH. FL 33442
US**

Mailing Address

**4800 N. FEDERAL HWY
307-B
BOCA RATON FL 33431
US**



2. Principal Place of Business

21 **850 SE 7TH STREET**

Suite, Apt. #, etc.

22 **SUITE A**

City & State

23 **DEERFIELD BEACH, FL**

Zip

24 **33441**

Country

US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

US

Country

US

9. Name and Address of Current Registered Agent

**CAP SERVICE CORPORATION
4800 N. FEDERAL HIGHWAY
STE 307-B
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

06/26/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0194298 65-0207647

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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, typed or printed name of registered agent and the applicable date

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PS BERGENDAHL, BO**
STREET ADDRESS **1239 E. NEWPORT CTR. DR.**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☒ DELETE

NAME **V KLING, TOMMY**
STREET ADDRESS **3939 N OCEAN BLVD APT. 115**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

12 NAME **850 SE 7TH STREET, SUITE A**
13 STREET ADDRESS **DEERFIELD BEACH, FL 33441**
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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-06/28/96--01038--017
***225.00**

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)(A), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bo Bergendahl

06/17/96

DATE

DATE

11/27/96

CR2E034 (12/95)