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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M05604

1. Corporation Name

STREET ADDRESS

PAL IND	USTRIES SOUTH, INC.							
Principal Place	e of Business	Mailing Address			1 IMMINEN III BEIDI BING BINI ABİN I	11 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1	81811 1981	
C/O PAUL KRA		C/O PAUL KRAVITZ						
4320 N.W. 101ST DR. 4320 N.W. 101ST DR. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065				DO NOT WRITE	IN THIS SPACE			
CORAL SPRING	6S FL 33065	COMAL SPRINGS PL 33003		•	3. Date Incorporated or Qualifed	IN THIS STACE		
	in the second se				09/24/1984			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	ż
21		26			59-2415871		t Applicable:	=
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	□ \$8.75 A Fee Re	II.	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current			
24	25		30		Personal Property Tax. 10. Name and Address of New Reg	Yes	□No	
<u>'</u>	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Hame and Address of New Ives	natered Agent		
	VITZ, PAUL		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
4320 N.W. 101ST DR. CORAL SPRINGS FL 33065		8:	3		· 新加克斯克斯斯斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯	31 \$30 VS		
			84	4 City		85 Zip (ode	
}			0	4 City		FL ``		
	. vers		I .	1				
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statute	es, the about	! ve-named corp v the comoration	poration submits this statement for the pur	rpose of changing its	registered gistered	
11. Pursuant office of agent I a	to the provisions of Sections 607,050 egistered apent, or both, in the State in familiar with, and accept the obliga-	02 and 607.1508, Florida Statute of Flo rida. Su ch change was a ations of, Section 607.0505, Florida	es, the about thorized by ida Statute	t ve-named corp y the corporations.	poration submits this statement for the purion's board of directors. I hereby accept the	rpose of changing its he appointment as re-	registered gistered	
11. Pursuant office or agent I a	July 3 10	ſ ∕ v * .			poration submits this statement for the purion's board of directors. I hereby accept the	rpose of changing its he appointment as re	registered gistered	
SIGNATURE	Signature, typed or printed hame of registered age	N and the if applicable. (NOTE	Registered Ag	ve-named corp y the corporations.	ad when reinstating)	DATE		(00)
	Signature, typed or printed fame of vegislered age	ſ ∕ v * .		ent signature require	10	DATE		(00) 7.5
SIGNATURE	Signature, typed or printed hame of registered age	and tije if applicable. (NOTE	Registered Ag	ent signature require	ad when reinstating)	DATE CERS AND DIRECTO	RS IN 12	(00) 77
SIGNATURE 12. TITLE	Signature, typed or printed frame of egistered age OFFICERS AN	and tije if applicable. (NOTE	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature require	ad when reinstating)	DATE CERS AND DIRECTO	RS IN 12	(00) 777
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of egistered age OFFICERS AND DP KRAVITZ, PAUL	and tije if applicable. (NOTE	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature require	ad when reinstating)	DATE ERS AND DIRECTO	RS IN 12	(00) 777 700100
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND DP KRAVITZ, PAUL 4320 N.W. 101ST DR.	and tije if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature require	ad when reinstating)	DATE CERS AND DIRECTO	RS IN 12	1000000
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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 officer or director of Block 12 or Block 1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90020 007 ***150.00