

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M23881 (9)
1. Corporation Name
RESTEK MANUFACTURING, INC.

Principal Place of Business
5065 N.E. 12TH TERRACE
FT. LAUDERDALE FL 33334

Mailing Address
5065 N.E. 12TH TERRACE
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5063 NE 12 TERR Suite, Apt. #, etc.		2a. Mailing Address 26 5063 NE 12 TERR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/26/1985	
22 City & State 23 Ft. LAUDERDALE, FL Zip 33334 Country USA		27 City & State 28 Ft. LAUDERDALE, FL Zip 33334 Country USA		4. FEI Number 65-0008464 Applied For Not Applicable	
24 33334		25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 33334		27 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 33334		29 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOVELL, RAYMOND 2161 N.E. 48 ST. LIGHTHOUSE PT. FL 33084		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2161 N.E. 48 ST.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	LIGHTHOUSE PT. FL	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  REQUIRED

4-28-98

954-928-1780

CR2E034 (10/97)