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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M79115

(5)

1. Corporation Name BIRD PRODUCTS, INC.



Principal Place o	f Business	Mailing Address					
311 N.E. 44T POMPANO B	'H COURT EACH FL 33064	311 N.E. 44TH CO POMPANO BEACH					
•					 Date Incorporated or Qualified 05/03/1988 	3a. Date of Last 05/01/	Report 1995
A Dississ Diss	of Pusings	2a. Mailing Address			4. FEI Number		Applied For
2. Principal Plac	ce of business	26			65-0045311		Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Country	у	This corporation has liability for Florida Statutes	intangible tax under	s 199.032,
24	25	29	30		10. Name and Address of New F		
	9. Name and Address of Curre	ent Hegistered Agent	81	I Name	10.		
	NIS, PHILIP M.		82		ress (P.O. Box Number is Not Acceptat	ole)	<u> </u>
	: 44TH CT. INO BEACH FL 33064		8:	3			
			84	1 '		FL	Zıp Code
or registere familiar with	o the provisions of Sections 607.051 ad agent, or both, in the State of Flo n, and accept the obligations of, Se		utes.	portation	oration submits this statement for the purard of directors. I hereby accept the app		ed agent. I am
SIGNATURE _	gnature, typed or printed name of registered ag-		(NOTE: Registered Ag	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	Chang	
TITLE	P	☐ DELETE	1. 1 TITE	ŀ			,
NAME	PECHONIS, PHILIP M.		1.2 NAMI				
STREET ADDRESS	311 NE 44TH CT.		l l	ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33		1.4 CiTY			Chang	e Addition
TITLE	DECLIONIC ANGLIACIA	☐ DELETE	2. 1 TITU			C) ****	,
NAME	PECHONIS, MICHAEL A.		2 2 NAM	į			
STREET ADDRESS	311 N.E. 44TH CT. POMPANO BCH FL			ET ADDRESS			
CIFY-ST-ZIP	PUMPANO BON FL	☐ DELETE	3 1 TiTL	- ST - ZIP		[_] Chan	ge Addition
TITLE 7		☐ breeze	3.2 NAM				
NAME			•	EET ADDRESS			
STREET ADDRESS				-ST-ZIP			
CHIY - ST - ZIP		DELETE	4.1 TiTL			Chan	ge 🔲 Addition
TITLE			4 2 NAM				
NAME				EET ADORESS			
STREET ADDRESS				r-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5 1 TITI			☐ Chan	ge 🔲 Addition
			5.2 NAN	1E			
NAME CIDELL ADDRESS				EET ADDRESS			
STREET ADDRESS			5.4 CITY	/-ST-ZIP			
CITY-S1-ZIP TITLE		☐ DELETE				☐ Char	ge Addition
NAME		-	6.2 NAN	AE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
			6.4.00	V . CT . 7IP			
CITY-ST-ZIP	andiff, that the information supplies	ed with this filing is voluntarily	v furnished and d	ioes not qualif	y for the exemption stated in Section 11	9.07(3)(k), Florida St	atutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR