FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996				Secretary of State DIVISION OF CORPORATIONS							
DOCU 1. Corporat	JMENT	# M858	80	(6)							
	- · · · · · · · · · · · · · · · · · · ·	INE PRODUCTS	, INC.	` ,							
											Bil Bibli Bibli IBB
	ice of Business		Ma	Maling Address				1 10%/00% OK/ 10% (0%/00 (0%/00)	atir alait t		ah eleh eleh 1951
4657 37TH ST. PETERS	STREET SBURG FL 33714	•	46 \$1	57 37TH STREET T. PETERSBURG FL	33714						
A Direction								 Date Incorporated or Qualified 06/13/1988 	3a. Da	te of Last)4/06/19	Report
2. Phincipal I	Place of Busines	35	2a. 26	Mailing Address	~··———			4. FEI Number	-L	7,00,10	Applied For
Suite, Apt	t. #, etc.			Suite, Apt. #, etc.			··	59-2903722			Not Applicable
22 City & Sta			27					5. Certificate of Status Desired			75 Additional e Required
23			28	City & State				6. Election Campaign Financing		\$5.	.00 May Be
Zip 24		Country 5	F¬	Zηρ	Cour	itry		Trust Fund Contribution 8. This corporation has liability for		Add tax under	s 199 032
		nd Address of Curre	29 ent Registe	red Agent	30			Florida Statutes 🔀 Yes	□ No		0 133.002,
						81	Name	10. Name and Address of New F	egistered	Agent	
	AN, LARRY E				 	82	Stroot Arid	ress (P.O. Box Number is Not Acceptab		·	
7991 62 PINELL	2ND AVENUE AS PARK FL :	NORTH					Street Add	ress (r.o. box Number is Not Acceptab	le)		
FINELL	HO FAIRN FL.	3 40 63				63					
						B4	City		FI	85 Z	Zip Code
or registe familiar w	ered agent, or bo with, and accept	s of Sections 607.050 oth, in the State of Flor the obligations of, Sec	2 and 607, ida. Such c tion 607.05	1508, Florida Statute hange was authorize 05, Florida Statutes.	es, the aboved by the co	e-na orpo	amed corpo ration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	nose of ch intment as	anging its registere	registered office ed agent. I am
12.	Signature, typed or p	muled name of registered age:			t SegetootA	J 1	synature require	d when renataling.	DATE		
TITLE	DP	OFFICERS AN	ID DIRECTO	DAS DELETE	13.			ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12
NAME	MCMILLAN	I, LARRY E.			1.1 TITL 1.2 NAM					Change	
STREET ADDRESS	5725 46TH	AVENUE NORTH			1.2 NAW		DDRESS				
CITY - ST - ZIP TITLE	ST. PETER	SBURG FL			1.4 0179						
NAME		, SHIRLEY J.		DELETE	2 · TITL	F.				Change	Addition
STHEET ADDRESS		AVENUE NORTH			2.2 NAM						
CrTY-ST-ZiP	ST. PETER				2.3 STRE 2.4 City						ļ
TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELFTE	3 1 IITLI	•	210			7 Change	Addition
NAME STREET ADDRESS					3.2 NAM6	Ξ				_ Change	Addition
CITY-ST-ZIP					33 STRE	E A	ODRESS				
TITLE			. ——— -	DELETE	3.4 OiTY - 4.1 Title		7iP				
NAME					4 2 NAME					Change	☐ Addition
STREET ADDRESS					43 STREE		DRESS				
CITY-ST-ZIP	·				4.4.C-TY-	\$1.2	ZIF.				ļ
VAME]				☐ DELETE	5 1 TITLE] Change	Addition
STREET ADDRESS	l				5.2 NAME						
DIY-ST-ZIP					5.3.51REE		ı				
ITLE				DELETE	5.4 CHY -		P) Ob	
HAME					62 NAME				L.) Change	Addition
TREET ADDRESS					6.3 STHEE	(AD	DHESS				1
4. I do hereby	certify that the	nformation supplied w	oth this floor	Lie voluntuit.	6.4 CITY - S	ST - 7	ip	—·			
cortification i	tion in factors and	· · · · · · · · · · · · · · · · · · ·	orurs fimiç	us voluntarily furnish	18d and doe	is no	of crushity for	the exercution stated in Coation 440 00			

14. To do nereby certify that the information supplied with this fling is voluntarily furnished 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 true sanie legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE: