

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 # **M89246** (6)

1. Corporation Name

PORT EVERGLADES MACHINE WORKS CORP.



Principal Place of Business

**999 ELLER DR. BLDG. B-10
PORT EVERGLADES FL 33302-0010**

Mailing Address

**999 ELLER DR. BLDG. B-10
PORT EVERGLADES FL 33302-0010**

3. Date Incorporated or Qualified
07/12/1988

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

PO Box 22156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

FT. LAUDERDALE FL.

23

28

Zip

Country

Zip

Country

24

25

29

33335

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAEFER, JOHN A.
971 SW 31 ST
FT. LAUDERDALE FL 33315**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

**P
BELLASK, STEVEN
57 COLGATE DRIVE
PLAINVIEW NY**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VP
SCHAEFER, JOHN A
971 SW 31ST
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

**VP
SCHAEFER, JOHN A
971 SW 31ST
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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: *Steven Bellask*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)