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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48325** (7)

1. Corporation Name

AMERICAN ELECTROPLATERS AND SURFACE FINISHERS SOCIETY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**12644 RESEARCH PARKWAY
ORLANDO FL 32826-3286**

**12644 RESEARCH PARKWAY
ORLANDO FL 32826-3225**



3. Date Incorporated or Qualified
04/08/1992

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
59-3350452

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAMP, MARTIN F.
201 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801**

81 Name
TED WITT

82 Street Address (P.O. Box Number is Not Acceptable)
12644 Research Parkway

83

84 City
Orlando

FL 85 Zip Code
32826

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ted Witt
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS.

TITLE **PD** ☒ DELETE

NAME **MANTY, BRIAN**
STREET ADDRESS **1450 SCALP AVENUE**
CITY-ST-ZIP **JOHNSTOWN PA**

TITLE **SD** ☐ DELETE

NAME **WITT, TED**
STREET ADDRESS **3100 MCEWAN LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☒ DELETE

NAME **TILTON, HERBERT**
STREET ADDRESS **66 PASSAIC AVENUE**
CITY-ST-ZIP **FAIRFIELD NJ**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P D** ☐ Change ☒ Addition

1.2 NAME **TRAN, TAM V**
1.3 STREET ADDRESS **65 GROVE ST**
1.4 CITY-ST-ZIP **WATERTOWN MA 02172**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **T D** ☐ Change ☒ Addition

3.2 NAME **CASELL, S.O.**
3.3 STREET ADDRESS **4323 SOUTH WESTERN BLVD**
3.4 CITY-ST-ZIP **CHICAGO IL 60609**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Ted Witt
TED WITT

4/9/97

407/281-6441

CR2E037 (9/96)