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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30125** (9)

1. Corporation Name
**ACCURA MOLD, INC.**

Principal Place of Business
4036 N. 29TH AVE.
HOLLYWOOD FL 33020

Mailing Address
4036 N. 29TH AVE.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 05/11/1994
4. FEI Number: 56-1572154 ☐ 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 [illegible] Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

**9. Name and Address of Current Registered Agent**

KHOLOS, KENNETH
2645 SCOTT ST.
HOLLYWOOD FL 33020

**10. Name and Address of New Registered Agent**

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
DATE

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PD |
| NAME | KHOLOS, KENNETH |
| STREET ADDRESS | 2645 SCOTT ST. |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | VD |
| NAME | FARRELL, GREGORY |
| STREET ADDRESS | 2600 SAMPSON RD. |
| CITY-ST-ZIP | WATERFORD PA |
| TITLE | SD |
| NAME | HAIBACH, VINCENT |
| STREET ADDRESS | 883 N.E. 34TH ST. |
| CITY-ST-ZIP | FT. LAUDERDALE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1. TITLE | | ☐ Change ☐ Addition |
| 1. NAME | | |
| 1. STREET ADDRESS | | |
| 1. CITY-ST-ZIP | | |
| 2. TITLE | | ☐ Change ☐ Addition |
| 2. NAME | | |
| 2. STREET ADDRESS | | |
| 2. CITY-ST-ZIP | | |
| 3. TITLE | | ☐ Change ☐ Addition |
| 3. NAME | | |
| 3. STREET ADDRESS | | |
| 3. CITY-ST-ZIP | | |
| 4. TITLE | | ☐ Change ☐ Addition |
| 4. NAME | | |
| 4. STREET ADDRESS | | |
| 4. CITY-ST-ZIP | | |
| 5. TITLE | | ☐ Change ☐ Addition |
| 5. NAME | | |
| 5. STREET ADDRESS | | |
| 5. CITY-ST-ZIP | | |
| 6. TITLE | | ☐ Change ☐ Addition |
| 6. NAME | | |
| 6. STREET ADDRESS | | |
| 6. CITY-ST-ZIP | | |

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(1)(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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
DATE