

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P30125 (9)
1. Corporation Name
ACCURA MOLD, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1572154	
22	3336 S.W. 2nd Ave	27	3336 S.W. 2nd Ave	Applied For Not Applicable	
23	City & State Fort Lauderdale FL	28	City & State Fort Lauderdale FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip 33319	29	Zip 33315	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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) 3336 S.W. 2nd Avenue			
83				84 City Fort Lauderdale			
85 Zip Code 33315				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]* DATE 4/1/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input type="checkbox"/> DELETE	1.1 TITLE	VP'S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KHOLOS, KENNETH		1.2 NAME				
STREET ADDRESS	2645 SCOTT ST.		1.3 STREET ADDRESS	3336 S.W. 2nd Avenue			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33315			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FARRELL, GREGORY		2.2 NAME				
STREET ADDRESS	2600 SAMPSON RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	WATERFORD PA		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAJBACH, VINCENT		3.2 NAME				
STREET ADDRESS	883 N.E. 34TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)