

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

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30759 (5)

1. Corporation Name  
FLOMET, INC.

Principal Place of Business

Mailing Address

1301 INTERNATIONAL SPEEDWAY  
DELAND FL 32724

1301 INTERNATIONAL SPEEDWAY  
DELAND FL 32724-2605



2. Principal Place of Business 21 810 FLIGHTLINE BLVD. Suite, Apt. #, etc. 22 City & State 23 DELAND, FL. Zip 24 32724 Country	2a. Mailing Address 26 810 FLIGHTLINE BLVD. Suite, Apt. #, etc. 27 City & State 28 DELAND, FL. Zip 29 32724 Country
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3. Date Incorporated or Qualified 08/30/1990	3a. Date of Last Report 03/29/1996
4. FEI Number 59-3025936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
XL CORPORATE SERVICES  
C/O THOMAS W. LAGER  
344 OFFICE PLAZA  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (INCORP - Registered Agent signature (required when reinstating)) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CD CLAYTON, ARLAN J. 10333 N. MERIDIAN STREET INDIANAPOLIS IN	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD RISDON, MICHAEL C. 10333 N. MERIDIAN STREET INDIANAPOLIS IN	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SCHOEMER, JOHN 127 EAST 73RD STREET NEW YORK NY	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D LAIKIND, JEFFREY 165 EAST 68TH STREET NEW YORK NY	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ROSE, SAM 601 SKOKIE BOULEVARD NORTHBOOK IL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP TOMLIN, TED A 1301 INTERNATIONAL SPEEDWAY DELAND FL 32724	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 810 FLIGHTLINE BLVD.

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

SIGNATURE: Ted Tomlin Ted Tomlin 3/18/97 904-736-4890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)