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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		Indra B. Mortham Secretary of State ON OF CORPORATIONS	Secretary	of State
DOCUMENT # P3	1118 (3))		
C.I.M. INDUSTRIES INC.				
Principal Place of Business Mailing Address 94 GROVE STREET 94 GROVE STREET PETERBOROUGH NH 03458 PETERBOROUGH NH 0345		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(D/8/4 B/6/1 018/1 8/8/4 188/
			3. Date Incorporated or Qualified 3a. (Date of Last Report
				/15/1996
2. Principal Place of Business	2a. Mailing Addre	988	4. FEI Number 02-0420432	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
3	28	and the same of th	Trust Fund Contribution	Added to Fees
Zip Country	Zip 29	Country	8. This corporation has liability for intangib Florida Statutes Yes	
	s of Current Registered Agent		10. Name and Address of New Registered	
CT CORPORATION SYSTE		81 Name		
1200 S. PINE ISLAND ROAD		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83		
		84 City		85 Zip Code
11. Dura not to the attailsions of Contu	200 COZ OFO2 and COZ 1500 Floring		propration submits this statement for the purpose	<u> </u>
office or reg-stered agent, or both,	in the State of Florida. Such chang on the obligations of Section 607.	ge was authorized by the corpor 3505. Florida Statutes	ration's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE	pt the bungations of, election cov.	5505, Florida Statules.		
Signal ire, typed or purified name of	of registered agent and title II applicable. FICERS AND DIRECTORS	(NOTE: Registered Agent signature req	pured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TILLE PD	☐ DE			☐ Change ☐ Addition
NAME SCRIBNER, ROBERT	E.	1.2 NAME		
STREET ADDRESS 94 GROVE STREET	u	1.3 STREET ADDRESS		
CHY-ST-ZIP PETERBOROUGH NI	n DE	1.4 CITY-ST-ZIP LETE 2.1 TITLE		Change Addition
NAME MACDONALD, ROBE	ERT S.	22 NAME		
STREET ADDRESS 94 GROVE STREET		2.3 STREET ADDRESS	* *	
City-SI-ZIP PETERBOROUGH N	H [] DE	2. 4 City-ST-ZiP		Change Addition
NAME S MACDONALD, ROBE		LETE 3 1 TITLE 32 NAME		FT Allowage FT Vacations
STREET ADDRESS 94 GROVE STREET	with the	33 STREET ADDRESS		
CITY-ST-ZIP PETERBOROUGH N		3.4. CITY - ST - ZIP		
TITLE D	D DE			☐ Change ☐ Addition
MCCRAY, ROBERT (C	4. 2 NAME		
SIREELADORESS 94 GROVE STREET CITY-ST-ZIP PETERBOROUGH NI	н	4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP		
TIFLE D	DE			Change Addition
NAME GERSON, JAMES D.	•	5.2 NAME		
STREET ADDRESS 94 GROVE STREET	1.6	5.3 STREET ADDRESS		
CITY - ST - ZIP PETERBOROUGH N	H □ DE	5.4 CHY-ST-ZIP LETE 61 TIFLE		Change Addition
NAME WETZEL, WILLIAM E		6.2 NAME		the state of the s
STREET ADORESS 94 GROVE STREET	.	6.3 STREET ADDRESS		
CITY-S1-ZIP PETERBOROUGH N		6.4 CITY-ST-ZIP		
information indicated on this annua	al report or supplemental annual re	sport is true and accurate and th	ted in Section 119.07(3)(i), Florida Statutes. I furth nat my signature shall have the same legal effect	as if made under oath; that
I am an officer or director of the co appears in Block 12 or Block 13 if	orporation or the receiver or trusted changed, or on an attachment wit	e empowered to execute this rep h an address.	port as required by Chapter 607, Florida Statutes;	; and that my name

SIGNATURE:

FILED

May 01 1997 8:00am