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 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001488269
-05/16/95--01017--018
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P34015 (8)

1. Corporation Name
KORBULY-GRAF-WEBER, INC.

Principal Place of Business
2301 LINCOLNWAY WEST
SOUTH BEND IN 46628

Mailing Address
1460 DO MCCALL RD
2D
ENGLEWOOD FL 34223
US
2960

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

2a. Mailing Address
26 ~~1460~~ So. McCall Rd S.
Suite, Apt. #, etc. 27 2D
City & State 28 ENGLEWOOD FL
Zip 29 34224 Country 30

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 35-6210298 — 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
KORBULY, LASZLO J.
~~1460 S. MCCALL RD., SUITE 2D~~
~~ENGLEWOOD FL 34223~~

10. Name and Address of New Registered Agent
81 Name: KORBULY, LASZLO J.
82 Street Address (P.O. Box Number is Not Acceptable): 250 CAPSTAN DR.
83 ~~CAPE HAZE~~
84 City: CAPE HAZE FL 85 Zip Code: 33946

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	PCD
NAME	KORBULY, LASZLO J.
STREET ADDRESS	250 CAPSTAN DRIVE
CITY ST ZIP	CAPE HAZE FL
TITLE	V
NAME	WEBER, GEORGE F.W. III
STREET ADDRESS	16070 BARRYKNOLL WAY
CITY ST ZIP	GRANGER IN
TITLE	VCD
NAME	GRAF, WERNER H.
STREET ADDRESS	117 BOYD CIR.
CITY ST ZIP	MICHIGAN CITY IN
TITLE	ST
NAME	GRAF, WERNER H.
STREET ADDRESS	117 BOYD CIR.
CITY ST ZIP	MICHIGAN CITY IN
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP
2.1 TITLE ☐ Change ☐ Addition / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP
3.1 TITLE ☐ Change ☐ Addition / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP
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

T.S. 5/12/95

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(3)(k), 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: LASZLO J. KORBULY 4-10-95 813)475-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404811 FP