

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P34633 (8)

1. Corporation Name

ANDLINGER PROPERTIES CAPITAL CORP.



Principal Place of Business

3055 CARDINAL DR.  
SUITE 304  
VERO BEACH FL 32963  
US

Mailing Address

3055 CARDINAL DR.  
SUITE 304  
VERO BEACH FL 32963  
US

3. Date Incorporated or Qualified

07/11/1991

3a. Date of Last Report

03/21/1995

4. FEI Number

51-0334868

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
IVAR W. MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)  
3055 Cardinal Drive

83 Suite 304

84 City  
Vero Beach

85 Zip Code  
FL 32963

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

*Ivar W. Mitchell*

Ivar W. Mitchell

March 5, 1996

(Signature, by electronic or printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
ANDLINGER, GERHARD R.  
STREET ADDRESS  
678 OCEAN ROAD  
CITY-ST-ZIP  
VERO BEACH FL

1.2 TITLE ☐ DELETE

NAME  
VT  
RUSSELL, JAMES R.  
STREET ADDRESS  
303 SOUTH BROADWAY  
CITY-ST-ZIP  
TARRYTOWN NY

1.3 TITLE ☐ DELETE

NAME  
S  
MAGIDA, STEPHEN A.  
STREET ADDRESS  
477 MADISON AVE.  
CITY-ST-ZIP  
NEW YORK NY

1.4 TITLE ☐ DELETE

NAME  
V  
MITCHELL, IVAR W.  
STREET ADDRESS  
3055 CARDINAL DR.  
CITY-ST-ZIP  
VERO BCH. FL

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.7 TITLE ☐ DELETE

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

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:

*Ivar W. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAR W. MITCHELL 3/5/96 (407) 234-4998

Date

Daytime Phone #

CR2E034 (12/95)