

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

2. Principal Place of Business

21 4445 North A1A

Suite, Apt. #, etc.

22 #235

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 4445 North A1A

Suite, Apt. #, etc.

27 #235

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MITCHELL, IVAN W.
3055 CARDINAL DRIVE
SUITE 304
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1991

4. FEI Number

51-0334868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Mitchell, Ivar W.

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

4445 North A1A

83

Suite #235

84 City

Vero Beach

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

7-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME **ANDLINGER, GERHARD R.**

STREET ADDRESS **101 DOVE PLUM RD.**

CITY-ST-ZIP **VERO BEACH FL**

TITLE **VT** ☐ DELETE

NAME **RUSSELL, JAMES R.**

STREET ADDRESS **303 SOUTH BROADWAY**

CITY-ST-ZIP **TARRYTOWN NY**

TITLE **S** ☐ DELETE

NAME **MAGIDA, STEPHEN A.**

STREET ADDRESS **303 SOUTH BROADWAY**

CITY-ST-ZIP **TARRYTOWN NY**

TITLE **V** ☐ DELETE

NAME **MITCHELL, IVAR W**

STREET ADDRESS **3055 CARDINAL DR.**

CITY-ST-ZIP **VERO BCH. FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4445 North A1A, Suite 235

Vero Beach, FL 32963

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 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: **Ivar W. Mitchell**

7-16-98

51-0334868

CR2E034 (5/98)