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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:23

DOCUMENT # **P36413** (3)

1. Corporation Name

LUREX MANUFACTURING COMPANY

Principal Place of Business

2665 SOUTH BAYSHORE DR., SUITE 800
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR., SUITE 800
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1991

3a. Date of Last Report

04/26/1994

4. FBI Number

21-0607289

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, PETER W.
2665 SO. BAYSHORE DR., SUITE 800
MIAMI FL 33133

81 Name

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

83

84 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~BO~~
NAME ~~PARTRIDGE, JOHN W.~~
STREET ADDRESS ~~U.S. ROUTE 40 AND OAK RD.~~
CITY-ST-ZIP ~~BUENA NJ 08009~~

TITLE D
NAME POWELL, EARL W.
STREET ADDRESS 2665 SO. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL 33133

TITLE D
NAME GEORGE, PHILLIP T.
STREET ADDRESS 2665 SO. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL 33133

TITLE ~~VP~~
NAME ~~VANDENBERG, PETER JR.~~
STREET ADDRESS ~~1373 BROAD STREET, THIRD FLOOR~~
CITY-ST-ZIP ~~CLIFTON NJ 07013~~

TITLE VS
NAME KLEIN, PETER W.
STREET ADDRESS 2665 SO. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME Partridge, John W.
1.3 STREET ADDRESS U.S. Route 40 and Oak Road
1.4 CITY-ST-ZIP Buena, NJ 08310

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 VP/T/CFO ☒ Change ☐ Addition
4.2 NAME Vandenberg, Peter
4.3 STREET ADDRESS 1373 Broad Street, 3rd Floor
4.4 CITY-ST-ZIP Clifton, NJ 07013

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Assistant Secretary ☐ Change ☒ Addition
6.2 NAME Kuffner, Marilyn D.
6.3 STREET ADDRESS 2655 South Bayshore Drive, Suite 800
6.4 CITY-ST-ZIP Miami, Florida 33133

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/95

(305)858-2200