

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 05 1997 8:00am
Secretary of State

DOCUMENT # P40615 (7)

1. Corporation Name

NATIONAL CONVEYOR AND SUPPLY COMPANY

Principal Place of Business

8751 BRIDGE STREET
RIVER GROVE IL 60171

Mailing Address

8751 BRIDGE STREET
RIVER GROVE IL 60171

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2000 ave #A

Suite, Apt. #, etc.

22 SUITE 11712

City & State

23 RIVIERA BEACH FLA

Zip

24 33404

Country

25 USA

2a. Mailing Address

26 2000 AVE #P

Suite, Apt. #, etc.

27 SUITE 12711

City & State

28 RIVIERA BEACH FLA

Zip

29 33404

Country

30 USA

3. Date Incorporated or Qualified

09/24/1992

3a. Date of Last Report

02/28/1996

4. FEI Number

36-3101410

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERSON, GARY N., ESQ.
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME
PCD
BRANER, HAROLD
STREET ADDRESS
8751 BRIDGE STREET
CITY-ST-ZIP
RIVER GROVE IL 60171

TITLE ☐ DELETE

NAME
SD
DESILVA, ROBERT
STREET ADDRESS
4455 WEST ROADS DRIVE, STE 203
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
D
DEMINA, STEVE
STREET ADDRESS
4455 WESAT ROAD DR, STE 203
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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:

SIGNATURE REQUIRED

8/29/97 - 561-842-8880

CR2E034 (4/97)