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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200006597 (8)

AMERICAN FIRE RETARDANT CORPORATION

Principal Place of Business Mailing Address

FILED Jul 09 1997 8:00am Secretary of State



| BROUSSARD LA 70516 | | BROUSSARD LA 705184 | BROUSSARD LA 70518-3611 | | | | |
|---|---|-----------------------------------|-------------------------|---|--|------------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 11/20/1992 | 3a. Date of Last Report 05/29/1996 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. f Ll Number | Applied For | |
| 21 | | 26 | | | 65-0374951 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | Suite, Apt. #. etc. | | | S8.75 Additional | |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | 0 | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zŧp | Country | Zip Cour | | ry | 8. This corporation has liability for in | tangible lax under s. 199.032, | |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| ROSENBERG, RICHARD | | | | 1 Name | | | |
| 2637 EAST ATLANTIC BLVD | | | L. | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 129 | | | " | Sirect Addition (F.O. Dox Maining) | | | |
| POMPANO BEACH FL 33062 | | | 8 | 3 | | | |
| TOTAL DESIGNATE COSSE | | | - | 4 60 | | 10-1 7: 0 | |
| | | | 8 | 4 City | | FL 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Stat | ules, the abo | ve named cor | poration submits this statement for the pi | urpose of changing its registered | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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. | | | | | | | |
| | The same than, and adopt the as | nganono or, ocumento or recool, r | i ioricio ottico | | | | |
| SIGNATURE | Signature typnd or printed name of registered | agent and the if applicable (N | O1E Registered A | lgeni signature requ | red when reinstala g) | DAIE | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITU | | | ☐ Change ☐ Addition | |
| NAME | OWENS, STEPHEN | | 12 NAM | E. | | | |
| STREET ADDRESS | ISS 1951 TAVERN RD | | 1.3 STREET ADDRESS | | | İ | |
| CITY-ST-ZIP | ALPINE CA | LPINE CA 1.40 | | -ST-ZIP | | 3 | |
| TITLE | D | DELETE | 2.1 THL | | | Change Addition | |
| NAME | RAIDL, BRUCE E | | 2.2 NAM | į) | |) | |
| STREET ADDRESS | 110 BRUSH ROAD | | 2.3 STRE | £1 ADDRESS | | | |
| CITY-ST-ZIP | PP011004 PP 14 | | | r-ST-202 | | | |
| TITLE | 10 | | | | | Change Addition | |
| NAME | 7.50 | | 3.2 NAM | . | | | |
| STREET ADDRESS | 1951 TAVERN RD | | | ET ADDRESS | | | |
| CITY-ST-ZIP | ALDING OA | | 1 | (+S1+ZIP | | | |
| TITLE | SD | DELETE | 411011 | | | Change Addition | |
| NAME | FRILOUX, EDWARD SR | | 4. 2 NAN | I | | | |
| STREET ADDRESS | 204 NOTRE DAME DR | | | ET ADDRESS | | | |
| CITY-ST-ZIP | LAFAYETTE LA | | 44011 | 1 | | | |
| TITLE | | DELFTE | 5 1 Title | | | - Change Addition | |
| NAME | | | 5.2 NAM | | 20000223 -07/10/970100 | 4482 | |
| STREET ADDRESS | | | | EL ADDRESS | -03\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 14~~025 | |
| CITY-ST-ZIP | | | 5.4 Cily | | ***550.00 | | |
| TITLE | | DELETE | 6 1 JIR | | | Change Addition | |
| NAME | | <i>0111.</i> 10 | 6.2 NAM | | | Pla/ | |
| 1 | | | | | | 20.07 | |
| STREET ADDRESS | ÷ , | | | ET ADDRESS | | 7-4-71 | |
| | | | | | | | |

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 mustee impowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 10 if changed, or on an attachment with an address.

IONATURE / / M/May NV

1/97 616 800-164