

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001782 (0)

1. Corporation Name

PERFIT CLAMPING SYSTEMS, INC.

Principal Place of Business

2811 SW 70TH AVENUE
SUITE A-15A
DAVIE FL 33317
US

Mailing Address

2011 SW 70TH AVENUE
SUITE A-15A
DAVIE FL 33317
US



2. Principal Place of Business	2a. Mailing Address
21 2011 SW 70th Ave	26 2011 SW 70th Ave
22 Suite, Apt. #, etc. Suite A-15C	27 Suite, Apt. #, etc. Suite A-15C
23 City & State Davie, FL	28 City & State Davie, FL
24 Zip 33317	29 Zip 33317
25 Country U.S.	30 Country U.S.

3. Date Incorporated or Qualified 01/04/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0387863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GENTILE, JOHN D
1601 N PALM AVENUE
SUITE 212
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name Del Tieg's
82 Street Address (P.O. Box Number is Not Acceptable) 15878 E. Wind Cir
83
84 City Sunrise
85 Zip Code FL 33326

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

Del Tieg's Del Tieg's Pres.

4/30/96

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

and if Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	TIEGS, DEL V	1.2 NAME	Tieg's, Del V
STREET ADDRESS	15878 E. WIND CIRCLE	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	SUNRISE FL 33326	1.4 CITY-ST-ZIP	Same
TITLE	VTD	2.1 TITLE	VTD
NAME	TIEGS, RANDY G	2.2 NAME	Tieg's, Randy G
STREET ADDRESS	15878 E. WIND CIRCLE	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	SUNRISE FL 33326	2.4 CITY-ST-ZIP	Same
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Del Tieg's Del Tieg's

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

954-476-6688

Daytime Phone #

CR2E034 (12/95)