## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90214 025 \*\*\*150.00

## DOCUMENT # P93000028147 1. Corporation Name

FLEXIBLE FABRICATIONS, INC.

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Principal Place of Busin	****	Mailing Address				- I KOMALINDRE IN A ANTONI IN MANTAL MENT ANDINY AN	1	914 B1851 1861 (881
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205-B SW 21 STREET FT LAUDERDALE FL 33315  205-B SW 21 STREET FT LAUDERDALE FL 33315  FT LAUDERDALE FL 33315								
						DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						04/15/1993		
2. Principal Place of Bu	siness /	2a. Mailing Address			1	4. FEI Number		Applied For
1 SAME	AS A DOUE	26 SAME	RS .	O.	bouc	65-0460198		Not Applicable
Suite, Apt. #, etc.	<del>/V = // / // = _</del>	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22	ेरक्कार हे <del>च</del> क्र रा <u>ष्ट्र</u> ह	- 27	<u> </u>		* ± .2. *	3. Continuate of Oracida Boomed	· Fee	Required.
City & State		City & State				6. Election Campaign Financing		<b>0</b> May Be
23		28 -				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	\ Yes	No
9. Nar	ne and Address of Curren	t Registered Agent			<del></del>	10. Name and Address of New Register	d Agent	
MINUTE ATM	DAME			81	Name I	•		
NICKELSEN, DAVID				82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
205-B SW 21 STREET FT LAUDERDALE FL 33315								
FT LAUDERD	ALE FL 33315			83				
	•			84	City		. 85 Z	ip Code
					City	F	'L   "   <sup>-</sup>	, <b>p</b>
11. Pursuant to the pro	visions of Sections 607.0502	2 and 607.1508, Florida S	tatutes, the a	bove	e-named comp	oration submits this statement for the purpose	of changing	its registered
office or registered	agent, or both, in the State owith, and accept the obligat	of Florida. Such change w	as authorized	DV D	the corporation	on's board of directors. I hereby accept the ap	ooinimeni as	registered
-	will, and accept the congain	ions of, occion cor.ocos	, i londa otal	atoo	•			
SIGNATURE Signature, tv	ped or printed name of registered agen	t and title if applicable. (	NOTE: Registered	i Agen	t signature require	d when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
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14. I hereby certify that the information supplied with this filling 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 accordate 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 tractee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with a address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS