

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:07

DOCUMENT # P93000053266 (1)

1. Corporation Name

ALMAC DIVISION CORP.

Principal Place of Business

386 EAGLE DR
JUPITER FL 33477
US

Mailing Address

386 EAGLE DR
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0436071

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LEVITAN, ARNOLD
386 EAGLE DR
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

Debbie Bramer

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

386 Eagle Dr.

83

84 City

Jupiter

FL

85 Zip Code

33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

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

[Signature]
(NOTE: Registered Agent signature required when reappointing)

DATE

3-27-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVITAN, ARNOLD
STREET ADDRESS	386 EAGLE DR
CITY - ST - ZIP	JUPITER FL
TITLE	D
NAME	BRAMER, DEBBIE
STREET ADDRESS	386 EAGLE DR
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	D
NAME	WELLS, VICKIE
STREET ADDRESS	386 EAGLE DR
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	BRAMER, DEBBIE
2.3 STREET ADDRESS	386 EAGLE DR
2.4 CITY - ST - ZIP	JUPITER, FL 33477
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	WELLS, VICKIE
3.3 STREET ADDRESS	386 EAGLE DR
3.4 CITY - ST - ZIP	JUPITER, FL 33477
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that this 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]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Debbie Bramer

3-15-95

407 525 3277