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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000072623 (0)

FLEAGO INDUSTRIES, INC.

3185 Van Buren Ave

Florida

Country

USA

9. Name and Address of Current Registered Agent

Dringingt	Diago of D	reigner	

2. Principal Place of Business

Suite, Apt. #, etc.

Naples

33962

City & State

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Maling Address

444 PINE AVE. NAPLES FL 33963 444 PINE AVE. NAPLES FL 33963

2a. Mailing Address

City & State

33962

28 Na Zip

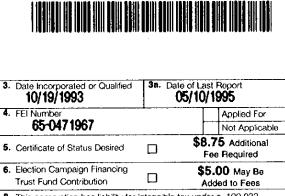
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Suite, Apt. #, etc.

3185 Van Buren Ave

30

Naples Florida



BOLDAK, DAVID H 444 PINE AVE. NAPLES FL 33963

Country USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 🚺 Yes 🗌 No					
	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City 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, typical or printed name of registered agent and title if a spicable. (NOTE: Rigistered Agent signature required when reinstating) DATE DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				
TITLE	-	DELETE	1. 1 TITLE	☐ Change	Add-tion			
NAME	BOLDAK, DAVID H		1.2 NAME					
STREET ADDRESS	444 PINE AVE.		1.3 STREET ADDRESS					
CiTY-ST-7iP	NAPLES FL 33963		1.4 CITY - ST - ZIP		·			
TITLE		DELETE	2 1 TITLE	☐ Change	☐ Addition			
NAME	PERRUCCI, FRANK		2.2 NAME					
STHEET ADDRESS	1848 HARBOR PLACE		2.3 STREET ADDRESS					
CHTY+ST-ZIP	NAPLES FL 33942		2.4 DITY-ST-ZIP					
TITLE	-	DEL.ETE	3. 1 TITLE	☐ Change	Addition			
NAME	HAYES, THOMAS B		3 2 NAME					
STREET ADDRESS	2100 BARKELEY LANE, C-9		3.3 STREET ADDRESS					
CITY - S1 - ZIP	FT. MYERS FL 33907		34 CITY - ST - ZIP					
TITLE		DELETE	4. 1 TITLE	Change	☐ Add-tion			
NAME		Į.	4.2 NAME					
STREET ADDRESS		1	4.3 STREET ADDRESS					
CrTY-ST-ZIP			4.4 CITY - ST - ZIP					
THILE		DELETE	5 1 TITLE	☐ Change	■ Addition			
NAMÉ			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CHTY-ST-ZIP			5.4 CiTY-ST-ZIP					
THLE		DELETE	6 1 TITLE	Change	☐ Addition			
NAME		į.	62 NAME					
STREET ADDRESS			63 STREET ADDRESS					
CITY-SI-ZIP			6.4 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 advises.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

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