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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P93000083083 (4)**1. Corporation Name

INDUSTRIAL OZONE, INC.

Principal Place of Business Mailing Address									
885 GARDE PLANTATION		885 GARDE PLANTATIO	ENIA LANE DN FL 33317						
						3. Date Incorporated or Qualified 11/23/1993	3a. Date	of Last F /01/18	
21 26			Mailing Address			4. FEI Number 65-0460424			Applied For Not Applicable
Sulte, Apt.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional Regulred
City & State	e	Orty & Sta	te			Election Campaign Financing     Trust Fund Contribution		\$5.0	O May Be
Zip <b>24</b>	Country 25	Zip 29	30	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curr	ent Registered Ager	nt		·	10. Name and Address of New R	ealstered A	gent	·····
ļ				81	Name			<i>5</i>	
	r, sandra			82	Street Ad	dress (P.O. Box Number is Not Acceptab	I-V		
885 GARDENIA LANE					Sirbei Au	dress (F.O. DOX Normber is Not Acceptab	(6)		
PLANTA	TION FL 33317			83					
				-	^>				
				84	City		FL	1 1 '	p Code
<ol> <li>Pursuant to prince the prince of t</li></ol>	to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes, the	above-r	anned corp	oration submits this statement for the pur		ging its r	registered office
familiar wit	th, and accept the obligations of, S $\epsilon$	ction 607.0505, Florid	is aumonzed by ti a Statut <mark>es</mark> .	ne corp	oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pintment as r	gistered	l agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered age				signature requi	red when reinstating)	DATE		
TITLE	VD OFFICERS A	ND DIRECTORS		3.	······	ADDITIONS/CHANGES TO OFF	CERS AND [	DIRECTO	RS IN 12
NAME	GREENE, CHARLES	[] DI	<b>I</b> '	. 1 TITLE	ł			Change	☐ Addition
STREET ADORESS	885 GARDENIA LANE		1	.2 NAME					
	PLANTATION FL			.3 STREE1 .					1
CHY-ST-ZIP TITLE	STD	F1 00	1 576	4 CITY - \$1	- ZIP				
NAME	BOYETT, SANDRA	ال ال		1 TITLE				Change	Addition
STREET ADDRESS	885 GARDENIA LANE			2 NAME					
CITY-ST-ZIP	PLANTATION FL		a di di	3 STREET /					•
TALE	PC	[ ] DE		4 CITY - ST	- ZIP				
NAME	BOYETT, HARVEY	பும	•	1 TITLE				Change -	Addition
STREET ADDRESS	885 GARDENIA LANE		<b>II</b>	2 NAME	Atapacee				
CITY-ST-ZIP	PLANTATION FL		<b>I</b>	3 STREET.					}
TITLE	<u> </u>	[] DE		4 CITY-ST 1 THLE	- 711.			Chanas	C) Addition
NAME				2 NAME	}		LJ	Change	Addition
STREET ADDRESS				STREET A	habree				
CITY-ST-ZIP				CITY-ST					1
TITLE		□ DE		1 THILE	FIT		<u>[1</u>	Change	Addition
NAME				NAME	1		LJ	onarige	L'1 vontion
STREET ADDRESS				STREET A	DORESS				
CHY-SY-ZIP				CITY-ST-					
TITLE		□ DEI	F-7.6	1 TITLE	<u></u>		<u>[-1</u>	Change	Addition
NAME				NAME .	}		البا	orange	☐ Woolligh
STREET ADDRESS				STREET A	ODRESS				
CITY-SI-ZIP			1	CITY-ST-					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-30.96 (954)583 7393

CR2E034 (12/95)