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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

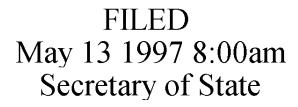
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400002849 (5)

BENDROTH LUBRICANTS, INC.

Principal	Place of	Business

Mailing Address





416 HALLANDALE BEACH BLVD HALLANDALE FL		416 HALLANDALE BEACH BLVD HALLANDALE FL 33009					
					3. Date Incorporated or Qualified 01/12/1994	3a. Date of Last Report 02/27/1996	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0473233	, 02/0.1	Applied Fo
Suite, Apt.	·	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		8.75 Additiona Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Z(p) 29	Country 30	·		Nes □ I	No
DOT	9, Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Re	gistered Age	ent
	HENBERG, STEPHEN HALLANDALE BEACH BLVD						
	LANDALE FL		82	Street Add	lress (P.O. Box Number is Not Acceptab	te)	
			84	City		FL	IS Zip Code
11. Pursuant	to the provisions of Sections 607 0.	502 and 607.1508, Florida Sta	tutes, the above	e-named cor	poration submits this statement for the p	urpose of ch	 anging its registe
office or re agent. I a	egistered agent, or both, in the Sta m familiar villh, and accept the obt	ite of Flor (da <i>i</i> Such change wa Igalions of Shetj on 607.0505,	as authorized by Florida Statute:	/ the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	t the appoin	ment as register
SIGNATURE						4-25	-97
				ant signalure requ	eired when reinstating)	DATI.	
12.	OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
NAME	ROTHENBERG, STEPHEN	ריי) מניגונ	1.1 11116			L	Change
STREET ADDRESS	416 HALLANDALE BEACH B	ועח	1.2 NAME 1.3 STREET	Arshacee			
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY - 5				
TITLE		DELETE	211016	15-211			Change
NAME			2.2 NAME	Į			· —
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NAME			3.2 NAME				
STREET ADDRESS			33 STREET	1			
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NAME		☐ DELETE	4.1 THEE 4.2 NAME				Change
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NAME			5.2 NAME			_	, <u> </u>
STREET ADDRESS			5.3 STREET	ADDRESS			
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TITLE		☐ DELETE	61 THILE				Change Add
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY - S	T - ZIP			

14. I do hereby certify that the information supplied with this filing 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 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 of the receiver or trust of empelwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, do on an attachment with in address.