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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051468 (4)

CTM INDUSTRIES BROWARD, CORP.

FILED Mar 27 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address					- 1			
C/O E. SCHWARTZ C/O E. SCHWARTZ								
16036 FAIRWAY LANE 16036 FAIRWAY LANE						DO NOT WRITE IN THIS SPACE		
FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326			26			3. Date Incorporated or Qualified		
						07/11/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21	GO C. Boom to be	26				13-3779933 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						SR 75 Additional		
22		27	7			5. Certificate of Status Desired Fee Required		
City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year intangible		
24	25		30		····	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
dru str	9. Name and Address of Curi			10. Name and Address of New Registered Agent				
	THE PRENTICE HALL CORPORATION SYSTEM, INC.							
	1201 HAYS ST.			82	Street Addres	et Address (P.O. Box Number is Not Acceptable)		
	TE 105 Lahassee FL 32301			83				
IAL	LANASSEE PE SESUI							
				84	City	FI 85 Zip Code		
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607,1508, Florida Statute	es, the at	oove	named corpo	pration submits this statement for the purpose of changing its registered		
office or re	ogistered agent, or both, in the Sta	ate of Florida. Such change was a digations of, Section 607.0505, Flo	tuthorized	o by	the corporation	on's board of directors. I hereby accept the appointment as registered		
	in terriner with and accept the on	inganona or, beenon bor lobbs, rio	maa bia	utoo.	•			
SIGNATURE	Signature typed or presed name of tegistered	agent and title if applicable (NOTE	Registeres	i Agen	nt signature required	d when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 111		İ	Change Addition		
NAME			1.2 NA		1			
STREET ADDRESS	WEATACRY OF			STREET ADDRESS				
CiTY-ST-ZIP	WESTPORT CT	DELETE	1.4 CI		T- ZIP	Change Addition		
TITLE	8 Matlin, Gerald	DELEIC	2.1 T() 2.2 NA		İ	C change C Addition		
NAME	8 WOODLAND CT.				+CODECC	DECC :		
STREET ADDRESS	BEDFORD NY				ADDRESS			
CITY-ST-ZIP TITLE	DELETE 3.1 TH			1-2117	Change Addition			
NAME			3.2 NA			_ ·		
STREET ADDRESS	AC OADUNO DOUT			3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW LIVE BARY NV		3.4. CI					
TITLE		☐ DELETE	4.1 30			Change Addition		
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CI		1			
TITLE	·	DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-\$1				
TITLE	E ☐ DELETE 6.1		6.1 TIT	TL€		Change Addition		
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-ST		Continue 110 07/0/// Elevide Platutes further codify that the information		

Thereby 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 informatio 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 a mattachment with an address.