## 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 # 1. Corporation Name

P94000078528 (4)

BICHLER INDUSTRIES, INC.

Principa' Place of Business

Mailing Address

2805 E. OAKLAND PARK BLVD. SUITE 265 FT. LAUDERDALE FL 33306-6 2605 E. OAKLAND PARK BLVD. SUITE 265 FT. LAUDERDALE FL 33306-6



3. Date incorporated or Qualified 3a. Date of Last Report

							10/24/1994		O.	5/01/	1995
	ace of Business		Mailing Address				4. FEI Number	•			Applied For
21	· - · · · · · · · · · · · · · · · · · ·	26					59-3356194				Not Applicable
Suite, Apt. #	#, ØIC	27	Suite, Apt. #, etc.				5. Certificate of Status De	esired [		•	75 Additional se Required
Orty & State	· · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Fina	ancing ,		\$5	.00 May Be
23		28		,			Trust Fund Contribution	<u> </u>			ded to Fees
. Zip	Country		Zip	Cour	ntry		8. This corporation has lia	*	. •	x unde	rs 199.032,
24	25	29		30			Florida Statutes	Yes [			
	9. Name and Address of Cur	rent Regis	tered Agent				10. Name and Address of	of New Reg	istered .	Agent	
*=					81	Name					
	CHLER, HANS R			ľ	82	Street Addres	ss (P.O. Box Number is Not a	Acceptable)			
	TLE HARBOR ISLE										
FT. LAU	DERDALE FL 33308				83						
				<u> </u>	84	City		<del></del>		85	Zip Code
	to the provisions of Sections 607.05				- 1	- 7			FL	. [ ]	•
SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S	ection bu7.	0505, Florida Statutes	•				: the appoint		registe	red agent. I am
12.	Sign, force typica or princed name of registered at OFFICERS A			TE Registered :	Agent	t signature required v		70.055105	DATE	DIDEC	TODO: 11.40
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coatri, that I am an officer or director of this armular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coatri, 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 or sur attachment with an address.

SIGNATURE:

IGNATURE AND TYPIC OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.26.96

746 5700 Destrine Phone #