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95 MAY -1 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000078906 (2)

**1. Corporation Name
PLASCO MACHINERY INC.**

**Principal Place of Business Mailing Address
P.O. BOX 4196 P.O. BOX 4196
HOLLYWOOD FL 33083 HOLLYWOOD FL 33083**

**900001490069
-05/17/95--01024--008
*****200.00 *****200.00**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 10/27/1994
3a. Date of Last Report**

**2. Principal Place of Business 2a. Mailing Address
21 351 SW 66th AVE 26
Suite, Apt. #, etc. Suite, Apt. #, etc.**

**4. FEI Number Applied For
65-0525168 Not Applicable**

**22 City & State 27
23 PEMBROKE PINES 28**

**5. Certificate of Status Desired \$8.75 Additional
Fee Required**

**24 Zip 25 Country 29 Zip 30 Country
33023 BROWARD**

**6. Election Campaign Financing \$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent
BUDE, WILHELM
351 SW 66TH AVENUE
PEMBROKE PINES FL 33023**

**10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BUDE, WILHELM
STREET ADDRESS	P.O. BOX 4196
CITY-ST-ZIP	HOLLYWOOD FL 33083
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILHELM BUDE
1.3 STREET ADDRESS	351 SW 66th AVE
1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33023
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 address.

SIGNATURE: Wilhelm Bude
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95 305-985-9553
Date Date of Filing

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