FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:42

DOCUMENT # **P94000080487 (9)**

1. Corporation Name
PRO-CLAD INC.

Principal Place of Business	Mailing Address
11575 N.W. 43RD STREET CORAL SPRINGS FL 33065	11575 N.W. 43RD STREET CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 65-0528635 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25: Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLOWES, RICKY J
11575 N.W. 43RD STREET
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

91 Name: MICHAEL D. TOWNER, ESQ
92 Street Address (P.O. Box Number is Not Acceptable): 1995 E OAKLAND PARK BLVD
93: SUITE 330
94 City: FORT LAUDERDALE FL 95 Zip Code: 33306

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: Michael D Towner — MICHAEL D. TOWNER — 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VICE PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	CLOWES, RICKY J	1.2 NAME	RICKY J. CLOWES	
STREET ADDRESS	11575 N.W. 43RD STREET	1.3 STREET ADDRESS	11575 NW 43rd Street	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		2.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☒ Addition
NAME		2.2 NAME	ANN MENDELL	
STREET ADDRESS		2.3 STREET ADDRESS	11575 NW 43rd Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		3.1 TITLE	SECRETARY / DIRECTOR	☒ Change ☒ Addition
NAME		3.2 NAME	ANN MENDELL	
STREET ADDRESS		3.3 STREET ADDRESS	11575 NW 43rd Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		4.1 TITLE	TREASURER / DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME	GUY HUTCHESON	
STREET ADDRESS		4.3 STREET ADDRESS	11575 NW 43rd Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 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: Ann Mendell — 4/12/95 — 305 563 3773
ANN MENDELL
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0108A4 CP