PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000019740

INDUSTRIAL FABRICS RESTORATION AND MAINTENANCE I NSTITUTE, INC.

Principal Place of Business	Mailing Add
15945 44 STREET	15945 44 ST

FILED Mar 05, 1999 8:00 am Secretary of State

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Principal Place of	f Business	Ma	iling Address								
15945 44 STREET LOXAHATCHEE FL	. 33470	15945 44 STREET LOXAHATCHEE FL 33470					DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed 03/10/1995				
- m	- of Discipance	22	2a. Mailing Address				4. FEI Number Appli			ied For	
2. Principal Plac	e or Business	—	maining / tour coo				65-0577670		Not /	Applicable	
21		26	Suite, Apt. #, etc.				_	\$8.7	5 Ad	ditional	
Suite, Apt. #,	etc.	27	Suite, ript. II, sto.				5. Certificate of Status Desired	Fee	e Req	uired	
22		27	City & State				6. Election Campaign Financing	\$5.	00 м	lay Be	
City & State		20	Ony a ciais				Trust Fund Contribution	Add	led to	Fees	
23	Country	28	Zip	Cou	ntry		8. This corporation owes the current year Int	angible			
Zip ─┐	Country		ΣIP	30	,		Personal Property Tax.	Yes]No	
24	9. Name and Address of Curren	29	tored Appet	30	Τ		10. Name and Address of New Registered	Agent			
	9. Name and Address of Curren	it Keyis	tereu Agent		81	Name					
CARSO	ON, NORMAN					.,,,					
	44TH STREET				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
					83						
	RDALE-FL 33470				03			_	_		
Lox	ahatehoa				84	City	FL	85	Zip C	ode	
		02 and 6	07 1508 Florida Stat	utes the a	hove	e-named cor	poration submits this statement for the purpose of	changin	g its r	egistered	
	pistered agent, or both, in the State familiar with, and accept the oblig						tion's board of directors. I hereby accept the appo	intment a	as reg	stereu	
SIGNATURE	gnature, typed or printed name of registered age	ant and title	if applicable /NO	TF: Registered	Ager	nt signature requir	red when reinstating) DATE			 -	
	gnature, typed or printed name of registered age OFFICERS A			13.	7.90	n organization respec	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOF	RS IN 12	
12.	P + OFFICERS A	NO DINE	☐ DELETE	1.1 T	TLE			Cha		☐ Additio	
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14. I 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 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, with all other like empowered.

SIGNATURE:

TOPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR