FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000038372 (5) DOCUMENT # 1. Corporation Name

INEX INDUSTRIES, INC.

Mailing Address Principal Place of Business 5063 HEATHERHILL LANE 5063 HEATHERHILL LANE UNIT 8 IINIT 8 BOCA RATON FL 33486 **BOCA RATON FL 33486** 3a. Date of Last Report 3. Date incorporated or Qualified 05/15/1995 Applied For 2. Principal Place of Business 21 26 20 NE. 2a. Mailing Address 5THAUE 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State POMPANO BEACH **1rust Fund Contribution** Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutos Yes No Country 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY R2 Street Address (P.C. Box Number is Not Acceptable) 1201 HAYS STREET 83 TALLAHASSEE FL 32301-2525 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when renistating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE PRESIDENT TITLE 1.2 NAME NAME MESLIN, E. JOHN 1.3 STREET ADDRESS 5063 HEATHERHILL LANE, UNIT 8 STREET ADDRESS 1.4 CITY - ST - ZIP **BOCA RATON FL 33486** CITY-ST-ZIP VICE PRESIDENT Change DELETE 2 1 TITLE THEF SONATHAN T. RIDER 5635 N.E. THIRD AVE. 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS LAUDEL DACE, FL. 33334 2.4 CITY - ST - ZIP CITY - \$1 - ZIP DELE1E TREASUREL 3 1 TITLE PETE A ZANGAI TITLE 32 NAME NAME POLO CARDENS DR. 3.3. STREET ADDRESS STREET ADDRESS WELLINGTON, FL. 83414 3.4 CITY - ST - ZIP CITY-ST-ZIP Change ____ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Change ☐ Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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)(k). 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 cartify that I am an officer or offsctor 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 (example), or on an attachment with an address.

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

E. JOHN MESLIN GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-15-8 954-183-0014

CR2E034 (12/95)