FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Change

Change

Addition

___ Addition

Secretary of State DIVISION OF CORPORATIONS

1.	, Corporation	IDUSTRIES, INC.	950000)38372 (5)									
Principal Place of Business				Mailing Address					T HORATOGRA HAG TOTAL BEATE ADDITED		iller l ehen min (9.0			
2620 NE 5TH AVE POMPANO BEACH FL 33064 US				5063 HEATHERHILL LANE UNIT 8 BOCA RATON FL 33486					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
					,			Ì	05/15/1995					
2.	2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ар	plied For		
21				26					65-0583985			t Applicable		
22	Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Require						
23	City & State	City & State							Election Campaign Finance Trust Fund Contribution	ing 🔲	\$5.00 Added t			
	Zip	Count	ry	Zip	Cou	intry			8. This corporation owes or I	as paid the d	current year Int	angible		
24		25		29	30				Personal Property Tax due] No		
ļ	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent 81 Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525							Street	et Address (P.O. Box Number is Not Acceptable)						
						84	City			F	L 85 Zip (Code		
11	office or re	o the provisions of Sec egistered agent, or bot in familiar with, and ac	h. in the State of I	Horida, Such change	was authorize	d by	the cor.	d corpora poration	tion submits this statement fo s board of directors. I hereby	the purpose accept the a	of changing its ppointment as	s registered registered		
Si	GNATURE	Signature to our or constrol and	and the specific states and the	of the demonstration	(NOTE: Registere	d \$20	nt pincal-us	0 rapulred H	hen reinstalion)	DATE				
Signature: typos or protect name of registered agent and life 1 applicable (NOTE Register 12. OF FIGERS AND DIRECTORS 13.							in signature	e required w	ADDITIONS/CHANGES TO			\$ IN 12		
TIT		P		DELE				C			Change	Addition		
N.A	ME	MESLIN, E. JOHN			1.2 N	AME		-/				•		
					1.3 STREET ADDRESS									
CITY-ST-ZIP BOCA RATON FL					1.4 CITY - ST - ZIP									
TIT	ILE	49		DELET	DELETE 21 TI						Change	☐ Addition		
NAME JONATHAN T. RIDDLE			DDLE		2.2 NAME									
STREET ADDRESS 5635 NE THRID AVE			WE		2.3 \$	2.3 STREET ADDRESS								
CITY-ST-ZIP FT. LAUDERDALE FL			FL			2. 4 C(1) Y - ST - Z(P		<u></u>						
TIT	UE 31			DELET	TE 3.1 T	ITLE		V, T			Change	Addition		
NA	ME	7			3.2 N	AME		Ric	chard R. Eas	copac	ci,	ا می د		
ST	REET ADDRESS				3.3 \$	TREET	ADDRESS	930	00 Bay Hart	100 Te	race,	4649R		

6.4 CITY - ST - ZIP 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 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 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 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 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 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 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 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 in Section 119.07(3)(ii). Florida Statutes in Section 119.07(3)(iii). Florida Statutes in Section 119.07(3)(iii). Florida Statutes in Section 119.07(3)(iii). Flor

34. CITY-S1-ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

41 THILE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE