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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051943 (5)

1. Corporation	NDUSTRIES, INC.	<i>(</i> 0	,	
Principal Plac	ce of Business	Mailing Address		
6322 NW 18		RT 1 BOX 3030		
170 FT WHITE FL 32606				
GAINESVILLE FL 82606 US				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 07/05/1995
<u>                                     </u>	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt	# aba	26	<del></del>	59 8328084 59-533 0084 Not Applicable
22 Suite, Apr	. #, <del>Q</del> (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. X Yes No
		ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	NTNER, MICHAEL 1 BOX 3030			
	ORT WHITE FL 32038		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
'`	WHILL IL SEUSO		83	100 March 100 Ma
			84 City	FI 85 Zip Code
agent. I a	am familiar with, and accept the obli		Florida Statutes.  DTE: Rogistered Agent signature req	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered quired when reinstating)  DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RATNER, GAIL		1.2 NAME	
STREET ADDRESS	RT 1 BOX 3030		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE FL	DELETE	1.4 CITY - ST - ZIP	Chance Addition
NAME	RATNER, MICHAEL		2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	RT 1 BOX 3030		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE FL		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	· · · -
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CHY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Dociete	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 THILE	Change Addition
NAME OTRICET ADDRESS			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP	
+11 Mag		DELETE		Change F Addition
NAME		☐ DELETE	61 TITLE	Change Addition
NAME Street address		DELETE		☐ Change ☐ Addition

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 ottachment with an address.