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

PROFIT CORPORATION ANNUAL REPORT



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

ANNUAL REPORT

1996

DOCUMENT # P95000067746 (4)

VIBRA-DAMP OF AMERICA, INC.

VIBRA	-DAMP OF AMERICA, INC	· ·	•				
Principal Place	e of Business	Mailing Address			(10051001 1/8 18/01 01/11 89/1/ 00/)		<b>Da</b> ni i <b>js</b> ia <b>sielo s</b> ii) <b>išė</b> i
3350 BURRIS RD 3350 BURRIS RD FT LAUDERDALE FL 33314 FT LAUDERDALE FL 3			33314				
					3. Date Incorporated or Qualified 09/01/1995	3a. Date o	Last Report
2. Principal P	face of Busines	2a. Mailing Address			4. FEI Number		Applied For
26						Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing		\$5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Gount 30	r)	This corporation has liability for Florida Statutes	intangible tax u	ınder s. 199.032,
	9. Name and Address of Curr				10. Name and Address of New F	_	ent
			8	1 Name			
GILINSON, STEVEN 3350 BURRIS RD			B	82 Street Address (P.O. Box Number is Not Acceptable)			
					Con the control of the Acceptant	, moj	
FT LAUI	DERDALE FL 33314		8	3			
			8	4 City		FL	85 Zip Code
SIGNATURE	Signature, typest or pented name of registers dag-	olan Ibbortaga valee iNoi	lt Registers Ag	ent signature regime	****	DATE	
I <b>2</b> .	OFFICERS AI	ND DIRECTO:(S) □ DELETE	13.	1	ADDITIONS/CHANGES TO OFFI		
AME .	GILINSON, STEVEN	, –			☐ Change		Change 🔲 Addition
STREET ADDRESS	3350 BURRIS RD		1.2 NAME	ET ADDRESS			
DTY-ST-ZIP	FT LAUDERDALE FL 33314		1.5 STREE				
ITLE	0	Territ	2 1 TIFLE				hange Addition
iame	GILINSON, SONDRA	-	2.2 NAME				
TOTAL MODELESS	3350 BURRIS RD		2.3 S1888	- LADDRESS			
1TY - ST - ZIP	FT LAUDERDALE FL 33314	'There exe	2 4 CITY -				
ITLE IAME		Smith	3 1 11116				hange
TREET ADDRESS		<del>-</del>	3.2 NAME				
ITY-ST-ZIP				ET ADORESS			
ILE			3 4 CITY - 4 1 TITLE				hange
AME		Ц	4.2 NAME			LJ	hange
TREET ADDRESS				I ADDRESS			
ITY - ST - ZIP			4.4 CiTY-				
TLF		DELETE	5 THILE				hange 🔲 Addition
AMÉ			5.2 NAME				_
TREET ADOPESS			53 STREE	1 ADDRESS			
TY-ST-ZIP TLE		The private in the second seco		ST-ZIP			
AME		DELETE				□ c	hange 🔲 Addition
REET ADDRESS			62 NAME	, anonco			
ITY-S1-2IF				T ADDRESS			
			6.4 CITY - :	5:-20	or the exemption stated in Section 119.0		

4. 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corp. Institute of the receiption or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 14 if program or program of the receiption of th

**SIGNATURE:** 

STAVE GILINSON SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96305-584

Daytime Priorie & 600 /