## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006369 (8)

CARIBBEAN CORROSION CONTROL CORP.

FILED 97 JUL 31 MM 8: 22 FALLAHASSEF, FLORIDA



i												
Principal Place of Business Mailing Address									-			HO 10/4 IAO
137 DORY ROAD NORTH 137 DORY ROAD NORTH												
NO PALM BEACH FL 33408 NO PALM BEACH FL					ACH FL 334	08			DO NOT WRITI	: INFTHII	e envec	
									3. Date Incorporated or Qualified		Date of Last R	Poport
									01/22/1996	) Ja.	Date of Last II	Юроп
2. Principal F	Place of Busin	. Mailing A	ddress				4. FEI Number /	_1	Ar	pplied For		
21			26	26					650 637 674			ot Applicable
Sulte, Apt	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22	- dan'		27	<del> </del>					U. Certificate of Status Desired		Fee Re	equired
City & Sta	ite		ļ	City & State					6. Election Campaign Financing	_		May Be
Zip		28	Zip Country				··	Trust Fund Contribution			to Fees	
24	Country			⊢₁ ` <b>├</b> ₁			У		This corporation owes or has personal Property Tax due Juni	4		langible DNo
25 29 30 30 9, Name and Address of Current Registered Agent									10. Name and Address of New Ro			
REINTANZ, EVELYN M								Name				
137 DORY ROAD NORTH							2	Circol Addre	oo (D.O. Boy Number is Not Asserte	hio)		
NO PALM BEACH FL 33408							1	Street Addre	ess (P.O. Box Number is Not Accepta	•		e^~
						8:	3		-0000022 -02/06/	07(	011030	111
						84		City	-007007	3 / C	· 特别和拉	<u>/ፌ.</u> አበ
								•		-	┗╽╽	į
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized</li> </ol>								-named corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose pt the ar	of changing it	ts registered registered
agent. I :	am familiar w	ith, and accept the ob-	ligations (	of, Section 6	i07.0505, Fic	orida Statute	S.		·		•	
SIGNATURE	Signature, typed	or printed name of registered	agent and lit	lo if applicable	(NOT)	nen	nt signature require	d when reinstating)	DATE	<del></del>		
12.		OFFICERS A				13.			ADDITIONS/CHANGES TO OFFI		ND DIRECTOR	RS IN 12
TITLE	D				DELETE	1.1 TITLE					Change	Addition
NAME		NZ, EVELYN M				1.2 NAME						
STREET ADDRESS	137 DO		1.3 STREET ADDRESS			ADDRESS						
CITY-ST-ZIP	NO PAL	M BEACH FL 33408	<u> </u>		1 22 22 22 2	1.4 CITY-		- <b>2</b> 1P				F-17
TITLE					DELETE	2.1 1ITLE					☐ Change	☐ Addition
NAME						2.2 NAME						
STREET ADDRESS	]					2.3 STREE						
CITY-ST-ZIP TITLE	<del> </del>				DELETE	2. 4 CITY 3.1 TITLE	- S1	1-ZIP			Change	Addition
NAMS				L	PLLLIE	3.2 NAME					— vikinge	- Adminst
STREET ADDRESS	1					3.3 STREE		ADDRESS				
City-ST-ZiP	1					3.4. CITY						
TITLE	<del>                                     </del>		****	L	DELETE	4.1 1(TLE			<del></del>		☐ Change	Addition
NAME						4. 2 NAM	Ε					
STREET ADDRESS						4.3 STREE	T A	ADDRESS				
CITY-ST-ZIP						4.4 CITY-	ST	J- Z(P				
TITLE					DELETE	5.1 TITLE					☐ Change	Addition
NAME						5.2 NAME				3		
STREET ADDRESS						5.3 \$1RE	TA	ADDRESS			1	
CITY-ST-ZIP	<u> </u>	······································		···		5.4 CITY-	ST	- 7IP	^	Ю.	<b>/</b>	
TITLE				L	DELETE	6.1 TITLE			1. f	Y1' /	☐ Change	☐ Addition
NAME	-					6.2 NAME			U	المرا		
STREET ADDRESS						6.3 STREE	1 A	ADDRESS				
CITY-ST-ZIP						6.4 C(TY -	ST	- <b>71P</b>				1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 proporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 changed, or on an attachment with an address.

1/1. lan 11.11.01 100.)



William A. Reintanz Vice President

July 21, 1997.

Florida Secretary of State Annual Report Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32302

## Caribbean Corrosion Control P.O. Box 14205 North Palm Beach, FL 33408

Tel: (561) 694-1894 Fax: (561) 694-2493

## Gentlemen:

On January 6, 1997, I mailed a check made out to the Florida Department of State in the amount of \$165.00 for my annual corporate fee. Evidently you have never received this check as it has not cleared my bank. The check number was 1092 in the amount of \$165.00, written on Barnett Bank, North Palm Beach office.

I am enclosing another check attached to these papers for \$165.00 since this previous check has obviously been lost in the mail or someplace. I do have my stub showing this previous check upon which I have now stopped payment.

Thank you for your help in this matter.

Sincerely,

WILLIAM A. REINTANZ

Caribbean Corrosion Control Corp.