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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

#P160000 13448

BOXCAR INDUSTRIES, INC.

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business 1200 Clint Moore Rd. Suite #3 Boca Raton, FL 33487 Mailing Address 1200 Clint Moore Rd. Suite #3 Boca Raton, I								3. Date incorporated or Qualified 4-11-96	3a. Date of Last Report		
2. Principal P	face of Business	2a. N	failing Address					4. FEI Number 65-0655359			pplied For of Applicable
Suite, Apt	#, etc.	27	uite, Apt. #, etc.					5. Certificate of Status Desired	×		Additional equired
City & State	e	28	City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	29	(ip	30 Co	untry			8. This corporation has liability for Florida Statutes	intangible Yes		s. 199.032.
24	9. Name and Address of Curren		red Agent	30	1			10. Name and Address of New R			
7-66-					81	Name					
5322	ey L. Schultz NW 92nd Lane				82	Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
Coral	Springs, FL 33067		•		83				. ,,		
					84	City			FL	85 Zip	Code
SIGNATURE 12. TITLE NAME	registered agent, or both, in the State registered agent, or both, in the State in familiar with, and accept the obligation of the State of the Stat	JUFE mi and title if a	ex L. Sobult	E Registers 13.	ed Age	44	<u></u>	when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
STREET ADDRESS CITY-ST-ZIP	4300 South U.S. His	ghway	#1, 203-22	· • •	TREET CITY-S	ADDRESS T-Zip		er G			
TITLE NAME STREET ADDRESS CITY - ST. ZIP	PD Schultz, Jeffrey L 5322 NW 92nd Lane		☐ DELETE	2.1 T 2.2 A 2.3 S	TTLE NAME	ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coral Springs, FL VP Gustav C. Homner 4904 NW 52nd Ct.	33067	□ DELETE	31T 32A 335	IAŅE	address				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Tamarac, FL 33319		OELETE	4.3 S	NAME STREET STY+S	ADDRESS 1-ZIP		M	المرا	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 T 5.2 f 5.3 S	TITLE NAME	ADORESS				Change	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	6.11 6.27 6.3 5	TITLE NAME STREET CITY-S	AODRESS T-ZIP		4000215 -04/25/97010 ***173.75			<u>-</u>

4. 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 Statutes. I further certify that the information indicated on this annual report for the empty is true and accurate and that my signature shall have the same legal effect as if made under oath their 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 attachment with an address.

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4/17/9

561.994.1440

Daytima Phone II