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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019716 (5)

SYMBOLIC INDUSTRIES INC.

		•								
Principal Place	e of Business	Mailing Address	Mailing Address			* 1664/1640 110 10/10 01/11 68/A/ 40/0/ 4047	I O DION PIERO	. 10101 10 001 118	19 BAH 1881	
5519 WESTFIELD ST. ORLANDO FL 32888		5519 WESTFIELD ST. ORLANDO FL 32808-3449	5519 WESTFIELD ST. ORLANDO FL 32808-3449							
							3. Date Incorporated or Qualified	3a. D:	ale of Last f	Report
9 Ovincipal D	Inna of Business	2a. Mailing Address			••••		03/04/1996 4. FEI Number	1		nutted Fee
_ `	ace of Business	-	i. Mailing Address 				06-1468307		1 +	applied For lot Applicable
Suite, Apt. #, etc.		Suite Apl. #. etc.	Suite. Apt. #, etc.			·				Additional
22			27				5. Certificate of Status Desired			Required
City & State		City & State	······				6. Election Campaign Financing		\$5.00	May Be
23		28	28				Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip 29	Country 30			This corporation has liability for Florida Statutes		e tax under : No	s. 199.032,	
,	9. Name and Address of Curre						10. Name and Address of New Re	gistered	Agent	
SMIT	TH, ORLEEN			81	Nar	ne				
5519 WESTFIELD ST.			}	82	Stre	et Addre	ess (P.O. Box Number is Not Acceptat	ole)		
ORL	ANDO FL 32868			83						
				84	City				85 Zip	Code
	10	00 - J 007 45 00 Florida Pro-					and in a damphe this statement for the	FL	- Lobonina	ito registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	s authorized	i by	the c	ea corp orporati	oration submits this statement for the pon's board of directors. Thereby acce	ourpose o	oointment a	s registered
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, f	Florida Statu	utes	i.					
SIGNATURE	Signature, typod or printed name of registered as	nent and title if applicable (NC	OTE Repistered	Ager	nt signa	rure require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12
TITLE	PD	DELETE 1.3		1.1 10 LE		T			Change	Addition
NAME	SMITH, ORLEEN	1.2		1.2 NAME						
STREET ADDRESS	5519 WESTFIELD ST.		1.3 STRE		ADDRE	5S				
CITY-ST-ZIP	ORLANDO FL 32868	D or sw		1.4 CITY - S1 - ZIP						Astro
TITLE		L_) DELFTE	_		l		•		Change	L Addition
NAME				2.2 NAME						
STREET ADDRESS				2 3 STREET ADDRESS 2. 4 City - S1 - Zip		38				
CITY-ST-ZIP TITLE		DELETE		3.1 TITLE		-+			Change	Addition
NAME			3.2 NA						•-	
STREET ADDRESS			3351	REE1	ADDRE	šs				
CITY-ST-ZIP			3.4. Cf	<u>14</u> -5	31 - 21P	\perp				
TITLE	\$100 m	☐ DELETE	4.1 TIT	l.F					Change	Addition
NAME			4. 2 NA	AME						
STREET ADDRESS			4.3 S1	REET	ADDRE	SS				
CITY-ST-ZIP		Destre	4.4 CH		I - 211	+			Channe	Addition
TITLE		DELETE	51717						Change	Addition
NAME			5 2 NA		LDDGT	.	*			
STREET ADDRESS					ADDRE	SS				
CITY-ST-ZIP		DELETE	54 CIT 6 1 1 PI		1 - 71P				Change	Addition
TITLE		L.J OCICEC							Grierige	Addition
NAME			62 NA		ADDOS	22				
STREET ADDRESS			0351	ntti	ADDRE	33				

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 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 trusted 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.

H. 11 97 (1107) 291 COID

FILED

Apr 23 1997 8:00am

Secretary of State