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

FILED Apr 11 1997 8:00am Secretary of State

		1997	90.5	k 1927									
DOCUMENT # P96000077404 (7) MENDON INDUSTRIES, INC.													
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	•	e of Busines	S	· ·	Mailing Address 119 HOURGLASS DR.			- }	- 1.00.1.00				
119 HOURGLASS DR. VENICE FL 34293					VENICE FL 34293-6056								
								-	. Date Incorporated	or Qualified	19a D	ate of Last Re	
								•	. 09/16/1996	or Qualified	30. U	ale oi Lasi M	port
2. Principal Place of Business				2a. Mailing	2a. Mailing Address				, FEI Number	/	001	Ap	plied For
21			26					59-34.	2090	18		t Applicable	
Suite, Apt. #, etc.			F1	Suite, Apt. #, etc.			5	. Certificate of Statu	s Desired		\$8.75 A		
City & State				City & State			6	. Election Campaigr	Financing		\$5.00		
23	 ,			28					Trust Fund Contrib	_		Added t	
j Z	Ίp	Country		Zip			Country		. This corporation h	as liability for			199.032,
24		9 Name	25 and Address of Curr	29 ent Registered Ag	ent	30]		10	Florida Statutes Name and Addre	se of New Hi		No Agent	
	MEN	DOLA, MA	*			8	1 Name						
119 HOURGLASS DR.							2 Street A	ddress (P.O. Box Number is	Not Accepta	hle)		
VENICE FL 34293									(1.0. BOX 110111061 19	THO ACCOPIA	DIO)		
-					83								1
	•					8	4 City		***************************************		P. I	85 Zip (Code
11	Durctional	to the recuie	core of Spetions 607.0	502 and 607 1508	Elorida Statut	as the abo	uo named o	oornorati	on submite this state	ment for the	FL	f changing its	registered
11.	office or r	egistered ac	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob	ate of Florida, Such	change was a	authorized	by the corpo	oration's	board of directors. I	hereby acce	purpose o	pointment as	registered
		ini tamilat w	im, and accept me ob	ngations of, Section	607.0305, FR	JIIGA SIAIGI	es.						,
SIGNATURE Signature, typical or pented name of registered agent and title if applicable (NOTE)							gent signature re	required who			DATE		
12.	т	- K	OFFICERS A	AND DIRECTORS	DELETE	13.	т		ADDITIONS/CHANG	SES TO OFFI	CERS AND		S IN 12 Addition
TITLE NAME	ļ	D	A, MARGARITA	·	☐ DETEIE	11 TITLI 12 NAM	t					Change	L_1 MOUNTURY
	L ADDRESS		IRGLASS DR.				ET ADDRESS						ł
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NAME		i				2.2 NAM	E						
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11111					DELETE	4.1 TITLE						Change	Addition
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	T ADDRESS						ET ADDRESS						
THE	SI - 7IP				DELETE	5.4 CHY 6.1 TITLE	-\$T-ZIP					Change	Addition
NAME				•		6.2 NAM	1						
	1 ADURESS						ET ADDRESS						Ì
	\$1 - ZE					6.4 CITY				·····			
4.4	Lister bereck	but portification	at the information cure	liad with this filing a	loce not quali	fu for the o	emplion etc	atad in C	Section 110 07(3)(i)	Jorida Statut	on I further	r portify that	the

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 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 of changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97

Daytime Phone #

CR2E034 (9