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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P97000007582 (4)

POLYFLURO, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be
2. Principal Place of Business 2. Applied Fig. 2. Applied Fig. 2. Applied Fig. 2. Applied Fig. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Example Fig. 2. Country 2. Country 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Suite, Apt. #, etc. 2. Street figured 3. Certificate of Status Desired 3. Frieding Financing 3. Trust Fund Contribution 3. Trust Fund Contribution 3. Trust Fund Contribution 3. This corporation owes or has paid the current year Intangible 3. Personal Property Tax due June 30. 3. Yes No 3. Name and Address of New Registered Agent 3. Name 3. Name 3. Name 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable)
21 3163 HENLEY VLACE 26 3463 HENLEY VLACE 45-0723809 Not Applic Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 23 WELLINGTON FC 28 WELLINGTON FC 28 WELLINGTON FC 29 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent FRIEDMAN, STEVEN 24 BERMUDA LAKE DRIVE PALM BEACH GARDENS FL 33418
Suite, Apt. #, etc. Suite, Apt. #, etc.
27
23 WELL/NUTON 28 WELL/NUTON Trust Fund Contribution Added to Fees Zip Country 37414 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent FRIEDMAN, STEVEN 24 BERMUDA LAKE DRIVE PALM BEACH GARDENS FL 33418
Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent FRIEDMAN, STEVEN 24 BERMUDA LAKE DRIVE PALM BEACH GARDENS FL 33418
PALM BEACH GARDENS FL 33418 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)
24 BERMUDA LAKE DRIVE PALM BEACH GARDENS FL 33418 82 Street Address (P.O. Box Number is Not Acceptable)
24 BERMUDA LAKE DRIVE PALM BEACH GARDENS FL 33418 82 Street Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33418
· •
84 City FL 85 Zip Code
44 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above partied corporation submits this statement for the purpose of changing its regist
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Storesture, typed or profiled game of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITIE DRESIDENT DELETE 1.1 TITLE Change Ad
NAME STREET ADDRESS SAYRE, ROBERT 12 NAME 1.3 STREET ADDRESS
STREET ADDRESS 15440 WOODMAR 2162 HENLEY TUTCE 1.3 STREET ADDRESS
CITY-ST-ZIP WELLINGTON PL 33414 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Ad
NAME FRYING FRIEDMAN
CITY-ST-ZIP Black 10000, 0410 44122- 2.4 CITY-ST-ZIP Change Ad
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CITY-ST-ZIP Pan Bench Ganews, FL 3Y/8 34.CITY-ST-ZIP TITLE DELETE 41.TITLE Change Ad
1100
NAME 4 2 NAME
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CTTY-ST-ZIP
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 stated in Section 119.07(3)(i).

14. I hereby certify that the information supplied with this filing does not quality 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 if changed, or on an attachment with an address.

CIONATURE ATOMA

4/13/98