SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT JUE ON CR' BEFORE 09/25/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS 99 DEC. 2.1 PM . 2: 06 --

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1999 DOCUMENT # 1. Corporation Name

CONTROLS FOR INDUSTRY,

-							
Principal Place	of Business	Mailing Address				9	
	sedale Avenue oud, Fl. 34769	610 Rosedale Avenue St. Cloud, Fl. 34769				DO NOT WRITE	IN THIS SPACE
St. CIC	, ii. 34705				4707	3. Date Incorporated or Qualified 12/28/1998	
2. Principal Pla	ice of Business	2a. Mailing Address 26			-	4. FEI Number - 65-0888436	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip Country 25		Zip Cou 19 30		8. This corporation owes the current year Intangible Personal Property. Yes XXNo		
	9. Name and Address of Current	Registered Agent	<u> </u>	<u> </u>		10. Name and Address of New Reg	istered Agent
				81	Name		
Stephen R. Gladstone, P.A. 7301-A W. Palmetto Park Road				82 Street Address (P.O. Box Number is Not Acceptable)			
Suite 305-C				83			
		422		84	City		85 Zip Code
BC	oca Raton, Fl. 33	433		04	City		FL S Z Code
11. Pursuant to office or reagent. I are SIGNATURE _	o the provisions of sections 607.0502 egistered agent or both, in the Syste on farmiliar with, and accord the obligat	and 607.1/08, Florida Florida. Such chang ions , section 607.0	Statutes, the a e was authoriz 505, Florida St	bove- ed by atutes	named control	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered ne appointment as registered
0101111101112	ignature, tiped of printed name of registered agent	and title if applicable.	(NOTE: Regis	tered A	gent signature	re required when reinstating)	DATE
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	X DEL	ETE 1.1	TITLE	}	D	Change X Addition
NAME	Gipper, Blaine E.		1.2 N/		ĺ	Mack Ansbaugh	
STREET ADDRESS	3514 Sapphire R		1.3.5	TREET	ADDRESS	610 Rosedale Avenue	e
CITY-ST-ZIP	Lantana, Fl. 33			CITY-ST	-ZIP	St. Cloud, Fl. 347	69
TITLE	Bancana, 11. 33	DEL	ETE 2.1	IITLE		•	Change Addition
NAME		No. as .		NAME			
STREET ADDRESS		-	2.3 5	TREET	ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			TZ-YTIC	-ZIP		
TITLE		DEL	-16	TITLE			Change Addition
NAME			3.21	NAME	İ		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-ST	-ZIP		
TITLE		L DEL	SIL	TITLE	ļ		Change Addition
NAME }				VAME	ľ		1
STREET ADORESS			4.3 9	TREET	ADDRESS		1

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address.

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Mack Ansbaugh

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

500003077425--6

Change Addition

Change Addition

CR2E034 (5/99)



ACCOUNT NO. : 072100000032

REFERENCE: 524986 82506A

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE: December 21, 1999

ORDER TIME: 3:32 PM

ORDER NO. : 524986-005

CUSTOMER NO: 82506A

CUSTOMER: Stephen R. Gladstone, Esq

Stephen R. Gladstone, Esq

Suite 305c

7301-a W. Palmetto Park Rd.

Boca Raton, FL 33433

ANNUAL REPORT FILING

NAME: CONTROLS FOR INDUSTRY, INC.

Patricia tyjit

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: