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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06942

(4)

PAVELYN INDUSTRIES, INC.

FILED Apr 10 1997 8:00am Secretary of State

P. O. Box 61144 Ft. Myers, FL 33906-1144		144	SOUR MARKETER STREET FOR MAKETER STREET P. O. Box 61144 Ft. Myers, FL 33906-1			1144	10/15			3a. Date of Last Report 04/25/1996		
2. Principal Place of B	usiness			ing Address			4, FEI Nu			<u> </u>	Applied For	
21		·	26	. A-1 # ata			NUI	APPLICABLE		- AO -	Not Applicable	
Suite, Apt #, etc.			27	e, Apt. #, etc.			5, Certific	ate of Status Desired			75 Additional e Required	
City & State			28	& State			1	in Campaign Financin fund Contribution	9 🗆		00 May Be ded to Fees	
Zip 24]	Country 25		Z ip		Country 30	1		propration has fiability. Statutes		tax und] No	er s. 199.032,	
	me and Address	of Current					10. Name	and Address of New	Registered A	gent		
MILLIGAN, J					81	Nam	e					
				Flossmoor	02	Stree	t Address (P.O. Box	Number is Not Accep	otable)			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3. REASONE	rt. My	ers, I	FL 33919	83	 	, normal Hills					
					B4	City		······································	E 1	85	Zip Code	
11. Pursuant to the pr						<u> </u>			<u>FL</u>	$\perp \perp$		
SIGNATURE Signative to 12.	yand or printed name of r OFFIC		arid titic if appli DIRECTOR		13.	ent signat	are required when reinstating	DNS/CHANGES TO O		DIREC		
NAME MILLIC	AN, JOHN P.				1.2 NAME						_	
Girls () () () () ()	NAME THE ST		North	Flossmoor	Rd STREET	T ADDRES	6					
	MYERS FL 33	1919		DELETE	1.4 CITY - 5 2.1 TITLE	ST-ZIP				Chai	nge Addition	
	AN, MILORED E			□ peren¢	2.2 NAME						ige LI Roomo	
l.	ARAYETTEKSTK		North	Flossmoor		T ADDRES	3					
		3919			2. 4 CITY-	ST - ZIP			•			
TITLE				☐ DELFTE	3.1 TITLE					Cha	nge 🔲 Addition	
NAM:					3.2 NAME							
STREET ADDRESS					3.3 STREET		5					
COY+SI-ZIP				DELETE	3.4 CITY-	S1-ZIP				Chai	nge Additio	
NAVE				heard	4. 2 NAME						5	
STREET ADDRESS					4.3 STREET		3					
CHTY - S1 - ZHP					44 CITY- S	ST-ZIP						
TH.F				DELETE	51 TITLE					Cha	nge 🔲 Addition	
NAME					5.2 NAME							
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CHY SI-ZP				DELETE	5.4 CITY-1	ST-ZIP				T Cha	nge . Additio	
T TLE				DELETE	6.1 TITLE					Cha	uða 🗂 Yogkog	
NAME CTOSCI ADDIDESC					6.2 NAME							
STREET ADDRESS	:				6.3 STREE		°					
CHY-S1-21P					6.4 CITY -	91- LIP	1					

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 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

MICHAEL CY MALLAWIS

4-1-97

941-332-3367