

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 15 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S09930** (6)

1. Corporation Name  
**LUBOV MANUFACTURING, INC.**

Principal Place of Business

**4747 N WESTSHORE BLVD  
TAMPA FL 33614  
US**

Mailing Address

**4747 N WESTSHORE BLVD  
TAMPA FL 33614  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/29/1990</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>59-3037276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**  
**26**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29**  
**30**

9. Name and Address of Current Registered Agent

**LUBOV, MICHAEL  
4747 N. WESTSHORE BLVD  
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>000002271510--6</b>
83	<b>08/19/97 01074 086</b>
84 City	<b>FL</b>
85 Zip Code	<b>****165.00 ****165.00</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name 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	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUBOV, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>4747 N. WESTSHORE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)



**FLORIDA DRIVES & GEAR MOTORS, INC.**  
*Authorized Electrical Apparatus Sales and Service Since 1983*

**BELCHER MANUFACTURING**  
*Custom Gears, Splines, and Broaching Since 1951*

**Hercules**  
*Agitators, Aerators, Reducers, Speed Increasers*

From the Desk of:  
*Michael Lubov, President*

August 11, 1997

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: 59-3037276

Lubov Manufacturing, Inc. has had (4) bookkeepers in the past year plus myself.

Melba Santana

Dione Ortiz

Wanda Sexton

Adelia Hoffman

I feel one of the above mentioned bookkeepers discarded the form for the reason that Florida Drives & Gear Motors, Inc. paid the \$165.00 for their 1997 Annual Report.. The responsible bookkeeper must have thought that only one need be paid.

Things have been a mess here and I am slowly getting this straightened out. We therefore respectfully request that we be permitted to pay the original \$165.00 and promise this will not happen again. Enclosed is our check in the amount of \$165.00

Thank you for your consideration.

Deanna McKeon