

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995/1/95



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18575

(8)

1. Corporation Name

SPHERE INDUSTRIES, INC.

Principal Place of Business

1850 SOUTH OCEAN DRIVE
SUITE 20N
HALLANDALE FL 33009
US

Mailing Address

1850 SOUTH OCEAN DRIVE
SUITE 20N
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1990

3a. Date of Last Report

07/01/1994

4. FEI Number

65-0229405

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, LEONARD D.
1850 S OCEAN DR
#20-N
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME WALLACE, LEONARD A.
STREET ADDRESS 1850 SOUTH OCEAN DRIVE, SUITE 20N
CITY-ST-ZIP HALLANDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD GANNON,
NAME GANNON, JOHN W.
STREET ADDRESS 5812 NW 25TH TERRACE
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME RODR, PAUL W.
STREET ADDRESS 2033-F WEST MCNAB ROAD
CITY-ST-ZIP POMPAHO BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME PODGUR, HERSCHER M.
STREET ADDRESS 2401 PENNSYLVANIA AVENUE, 14C52
CITY-ST-ZIP PHILADELPHIA PA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
Typed or printed name of registered agent and title if applicable

Date

Signature Printed

4/21/95

305-456-2200