

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S35015** (4)

1. Corporation Name

**PLAN B INDUSTRIES, INC.**



Principal Place of Business

**1520 SOUTH WEST 61ST AVENUE  
POMPANO BEACH FL 33068**

Mailing Address

**1520 SOUTH WEST 61ST AVENUE  
POMPANO BEACH FL 33068**

2. Principal Place of Business

2a. Mailing Address

21 **3545 NW 10th Ave.**

26 **3545 NW 10th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft Lauderdale, FL**

28 **Ft Lauderdale FL**

24 Zip

29 Zip

25 **33309**

30 **33309**

25 **Broward**

30 **Broward**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**03/11/1991**

3a. Date of Last Report  
**06/28/1995**

4. FEI Number  
**65-0247183**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

10. Name and Address of New Registered Agent

**WEST, MARNO  
1520 SOUTH WEST 61ST AVE.  
POMPANO BEACH FL 33068**

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

*Marno West*  
Signature of the person in the office of registered agent and the applicable

**MARNO WEST, PRES.**

**3-11-96**

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
WEST, MARNO E. K.**  
STREET ADDRESS **1520 SW 61ST AVE  
POMPANO BEACH FL**

TITLE ☐ DELETE

NAME **DST  
WEST, DENNIS M.**  
STREET ADDRESS **1520 SW 61ST AVE  
POMPANO BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marno West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-96 964-563-9977**  
Date Daytime Phone #

CR2E034 (12/95)