PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 OCT 16 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # S 47001

1. Corporation Name
R S MIZAR, INC.

Principal Place of Business	Mailing Address
~~2512 NE 4TH AVE.~~	SAME
~~POMPANO BCH, FLA 33064~~	

3. Date Incorporated or Qualified: 4-19-91	3a. Date of Last Report: 4-14-97
4. FEI Number: 65-026-2137	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2512 NE 4TH AVE	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: POMPANO BCH, FLA	28 City & State
24 Zip: 33064 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JAMES P. FROHN
5297 S.W. 93RD AVE
COOPER CITY, FL 33328

10. Name and Address of New Registered Agent

81 Name: ORIS L NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 2512 NE 4TH AVE.
83
84 City: POMPANO BCH, FL 85 Zip Code: 33064

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: ORIS L NELSON PRESIDENT — 10/13/97
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	
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	JAMES P FROHN		1.2 NAME	ORIS L NELSON
STREET ADDRESS	6297 SW 93 RD AVE.		1.3 STREET ADDRESS	308 FRANKLIN RD
CITY-ST-ZIP	COOPER CITY, FL 33328		1.4 CITY-ST-ZIP	WPB, FL 33405
TITLE	[redacted]	☒ DELETE	2.1 TITLE	SEC/TREASURER/VICE PRES. ☐ Change ☒ Addition
NAME			2.2 NAME	NORMAN J MOMENT
STREET ADDRESS			2.3 STREET ADDRESS	2641 NE 3RD ST
CITY-ST-ZIP			2.4 CITY-ST-ZIP	POMPANO BCH FLA 33062
TITLE	TREASURER	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVID NELSON		3.2 NAME	
STREET ADDRESS	8275 CROCKER LP.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIRAM, GA, 30141		3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN J MOMENT		4.2 NAME	
STREET ADDRESS	2641 NE 3RD ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: ORIS L NELSON — PRESIDENT — 954-781-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #