

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 # **S69898 (2)**
1. Corporation Name
FLAGLER AUTOMAT, INC.



Principal Place of Business: **53 N. FLAGLER AVE HOMESTEAD FL 33030 US**
Mailing Address: **25505 SW 182 AVE HOMESTEAD FL 33031 US**

2. Principal Place of Business
21 **27144 S. DIXIE HWY**
22 City & State: **NARAJA FL**
23 Zip: **33032** Country: **DADE**
24 25 26 27 28 29 30

3. Date Incorporated or Qualified: **07/26/1991**
3a. Date of Last Report: **02/01/1995**
4. FET Number: **65-0272503**
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

9. Name and Address of Current Registered Agent
**GAIL A PROSEK
25505 SW 182 AVE
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.07(1)(b) and 607.1509, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)
Signature of Registered Agent (Type or Print Name of Registered Agent): _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PROSEK, FRANK		2. NAME	
STREET ADDRESS: 25505 SW 182 AVE		3. STREET ADDRESS	
CITY- ST- ZIP: HOMESTEAD FL 86		4. CITY- ST- ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PROSEK, GAIL A		2. NAME	PROSEK
STREET ADDRESS: 25505 SW 182 AVE		3. STREET ADDRESS	
CITY- ST- ZIP: HOMESTEAD FL 86		4. CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3. NAME	
STREET ADDRESS:		4. STREET ADDRESS	
CITY- ST- ZIP:		4. CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4. NAME	
STREET ADDRESS:		5. STREET ADDRESS	
CITY- ST- ZIP:		4. CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. NAME	
STREET ADDRESS:		6. STREET ADDRESS	
CITY- ST- ZIP:		5. CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME	
STREET ADDRESS:		7. STREET ADDRESS	
CITY- ST- ZIP:		6. 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(c)(6), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Gail A. Prosek* **GAIL A. PROSEK** 4-23-96 305-246-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)