

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90124 029 ***150.00

DOCUMENT # S92431

1. Corporation Name

AMERICAN LAMINATING & ENGINEERING INDUSTRIES, IN
C.

Principal Place of Business

~~ONE LAS OLAS CIRCLE~~
~~STE 400~~
~~PORT LAUDERDALE FL 33316~~
~~US~~

Mailing Address

~~ONE LAS OLAS CIRCLE~~
~~STE 400~~
~~PORT LAUDERDALE FL 33316~~
~~US~~

2. Principal Place of Business

21 1 Las Olas Circle

Suite, Apt. #, etc.

22 Penthouse 4

City & State

23 Ft. Lauderdale, FL

Zip

24 33316

Country

25

2a. Mailing Address

26 1 Las Olas Circle

Suite, Apt. #, etc.

27 Penthouse 4

City & State

28 Ft. Lauderdale, FL

Zip

29 33316

Country

30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1991

4. FEI Number

65-0320460

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDREWS, ANTHONY T.
1 LAS OLAS CIRCLE, PH4
FT. LAUDERDALE, 33316

10. Name and Address of New Registered Agent

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

Anthony T. Andrews, President

4/27/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ANDREWS, ANTHONY T.

STREET ADDRESS ~~ONE LAS OLAS CIRCLE PH4~~

CITY-ST-ZIP ~~PORT LAUDERDALE FL~~

TITLE ☐ DELETE

NAME ANDREWS, JACQUELINE

STREET ADDRESS ~~ONE LAS OLAS CIRCLE PH4~~

CITY-ST-ZIP ~~PORT LAUDERDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1 Las Olas Circle, PH-4

1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1 Las Olas Circle, PH-4

2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS Stein, Eric O.

3.4 CITY-ST-ZIP 8265 SW 105th Place

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS Andrews, Anthony S.

4.4 CITY-ST-ZIP 691 White Swan Drive

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/27/99

Date

954-764-7731

Daytime Phone #

CR2E034 (11/98)