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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT	Γ#	V21	680
Corporation Name		· ·	

(6)

## **CINAMAC CORPORATION**

Principal Place of Basiness	Mailing Address
17136 DOWNS DR. ODESSA FL 33556	17136 DOWNS DR. ODESSA FL 33558-1848
110	118

## FILED Mar 25 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 03/17/1992		of Last Re 1/1996	eport	
	lace of Bus ness	2a. Mailing Addres	ss			4. FEI Number			plied For	
Suite, Apt +	# etc		etc			59-3118399	<i>-</i>		t Applicable	
22	7, esc Suite, Apri. 4, etc				Certificate of Status Desired     Section					
City & Starc	(C	City & State				6. Election Campaign Financing \$5.00 Ma				
23		28				Trust Fund Contribution		Added t	o Fees	
Zφ <sub>1</sub>	Country	Zip	h			8. This corporation has liability for intangible tax under s. 199.032.				
24	25   9. Name and Address of Curre	29 29 Agent	30	1		Florida Statutes Yes No  10, Name and Address of New Registered Agent				
LIAD		The state of the s		81	Name	10, 10, 10	9.5.6,05			
TARMON, DAVID					<del></del>					
	38 DOWNS DN. ESSA FL 33558			82 Street Address (P.O. Box Number is Not Acceptable)						
ODE	133A I C 33330			83	· · · · · · · · · · · · · · · · · · ·		***************************************			
									<u></u>	
				84	City		FL I	85 Zip (	Code	
agent Lar SIGNATURI	egisterical agent, or born, in the Staten familiar with, and accept the obligation was to protest one of registering	gations of, Section 607 0	505, Florida Sta	itutes		tion's board of directors. I hereby accel	DATE	imerii as	registered	
12.	OFFICERS AF	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	DERS AND D	IRECTOR	S IN 12	
TITLE	P	☐ DELI	ETE 111	IILE			L	Change	Addition	
NAVE	Harmon, David		1.2 N	AME						
STREET ADDRESS	17136 DOWNS DR.		1.3 \$	IREET	ADORESS					
CHY-St 76	ODESSA FL			HY-SI	- ZIP			7		
DILE	VP	□ peri			ļ		L	_ Change	Addition	
NAME	HARMON, LYNN E		2.2 N							
STREET ADDRESS	7136 DOWNS DR. ODESSA FL				ADDRESS					
CHY-\$1-7# 1	UDESSK FL	DELI		CITY-S	I ZIP			Change	Addition	
HAME		troud - p - s	32 N		)		_	0-		
STREET ADDRESS					ADDRESS					
CITY-ST ZIF			34.1	CITY-S	I-ZIP					
Ti*LE		☐ DEt	[TE 4.1.7	(TLE			L	Change	Addition	
MAVE			4.21	NAME						
SEREEL ADDRESS			435	TREET	ADDRESS					
DITY-S1-ZF				ITY-SI	- ZIP		<del></del>	<b>~</b>		
Tille		☐ DEL	1		ł		L	] Change	Addition	
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CHY-SL-ZIP TITLE		DEL		ITY-ST	- ZIP		— т	Change	Addition	
NAME		L., DEL	6.2 N		l		٠	a orange	recurion	
men#f					ADDRESS					
CIDELL ADVOCALS										
STREET ADORESS CITY: ST-ZIF			540	HTY-ST	1.7IP	d in Section 119.07(3)(i), Florida Statute t my signature shalf have the same legi tt as required by Chapter 607, Florida S				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR