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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35433

FIRST MACHINERY CO., INC.

, , , , , , , , , , , , , , , , , , , ,									
Principal Place of Business	Ма	iling Address			* 10011 013400	**** ***** ***** ***	** **** ****		*****************
601 ELKCAM CIR	601	ELKCAM CIR							
SUITE A1-A		SUITE A1-A				DO NOT WRITE IN THIS SPACE			
MARCO ISLAND FL 33937 MARCO ISLAND FL 33937				3. Date Incorporate					
					05/12/1992	u or againtou			{
2. Principal Place of Business	2a	Mailing Address			4. FEI Number				pplied For
-	26	Maining / Idai 000			65-0333873			⊢	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·				Additional
22	27				5. Certifcate of Sta	tus Desired			Required
City & State		City & State			6. Election Campai	gn Financing		\$5.00	May Be
23	28		_		Trust Fund Cont	ribution		Added	to Fees
	Country	Zip	Country		8. This corporation	owes the curre			
24 25	29	30	0		Personal Proper			Yes	_ □No
9. Name and	Address of Current Regist	tered Agent			10. Name and Add	ess of New R	egistered A	gent	
AANEN JEEEDEN J	DOV		81	Name					· j
COHEN, JEFFREY ROY				Street A	ddress (P.O. Box Number	s Not Accepta	ble)		
17082 W DIXIE HW									
n miami beach fl	_ 33160		83)
			84	City				85 Zip	Code
11. Pursuant to the provisions				<u> </u>		1.641	FL	<u> </u>	
SIGNATURE Signature, typed or prin	nd accept the obligations of,	Section 607.0505, Florida applicable (NOTE: Re	egistered Agen	•	quired when reinstating)		DATE		
agent, I am familiar with, at SIGNATURE Signature, typed or printle.	nd accept the obligations of,	Section 607.0505, Florida Applicable (NOTE: Re	egistered Agen	•			DATE	DIRECT	ORS IN 12
agent, I am familiar with, at SIGNATURE Signature, typed or print 12. IIILE D	nd accept the obligations of, led name of registered agent and title if OFFICERS AND DIRE	Section 607.0505, Florida applicable (NOTE: Re	egistered Agen 13. 1.1 TITLE	•	quired when reinstating)		DATE		ORS IN 12
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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 regulared 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #