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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS		Secretary of State				
	MENT # on Name NDUSTRIES, (V59109 INC.	(1)						
Principal Piad	e of Husiness	Mailing Address	Mailing Address						
3620 NW 126TH AVENUE CORAL SPRINGS FL 33065			3820 NW 126TH AVENUE CORAL SPRINGS FL 33065-2450						
							3. Date Incorporated or Qualified 08/20/1992	3a. Date of Last 04/25/1996	
	Place of Business		2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0348259	£0.7E	Not Applicable Additional
22			27				5. Certificate of Status Desired	, , ,	Required
City & Stat	le		City & State				6. Election Campaign Financing		0 May Be
23] Zip	T 7	Country	28 Zip	1 60	intry		Trust Fund Contribution		d to Fees
24	25		29	30	.a iti y			Yes 🔲 No	s. 199.032,
		Address of Current	Registered Agent		81	Name	10. Name and Address of New Rec	pistered Agent	
GOLDBERG, ANDREA									
3820 NW 126TH AVENUE CORAL SPRINGS FL 33065					82	Street Add	dress (P.O. Box Number is Not Acceptable	ie)	
					83				
					84	City		FL 85 Zip	Code
11. Pursuant office or i agent. Le		if Sections 607.0502 if both, in the State of accept the obligat and name of registered agent					poration submits this statement for the partition's board of directors. I hereby acceptions with the partition of the partiti	urpose of changing It the appointment a	its registered s registered
12.	To the second second	OFFICERS AND		13.	A Alfe	t biglio.ore redu	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D		☐ DELETE	1.1 T	ITLE			☐ Change	
NAME	GOLDBERG, A			1.2 N					
STREET ADDRESS C-TY-ST-ZiP	3820 NW 1261 Coral Sprin					ADDRESS			
TPUE	D	WIL	☐ DELETE	2.1 1	ITY-ST TLE	-7IP	***************************************	☐ Change	Addition
NAME	GOLDBERG, E	RIC	•	2.2 NAME		ŀ			
STREET ADDRESS	3820 NW 1261		2.3 \$	TREET A	ADDRESS				
CITY - ST - 7IP	CORAL SPRIN	GS FL	FT 05.535		HTY-S	-ZIP			
THE			☐ DELETE	3.1 To				Change	Addition
NAME STREET ADDRESS				3.2 N		ADORESS			
CHY SI-7IP					ITY-S				
Tille			DELETE	4.1 Ti				☐ Change	Addition
NAME				4.21	IAME				
STREET ADDRESS				4.3 \$	TREET A	ADORESS			
CITY - S1 - 20°			DELETE		IY-ST	- ZIP		Change	Addition
TITLE NAME			I'm pricit	5.1 TI 5.2 N				Change	Addition
STREET ADDRESS						ADDRESS			
CITY - ST - ZIP					ITY-ST	- 1			
TITLE			DELETE	6.1 TI			THE CONTRACT SHEET	Change	Addition
NAME				62 N	AME				
STREET ACTORESS						ADDRESS			
CITY - ST - 71F	l			64C	TY-ST	-ZIP			

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.

FILED

Apr 16 1997 8:00am