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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S28175

MESSICK COMPANY OF FLORIDA, INC.

(5)

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LIMANAN		

FILED Jun 16 1997 8:00am Secretary of State

Principal Place 19124 OAHU LI SARATOGA CA	ANE 19124 OAHU LANE						
					3. Date incorporated or Qualified 01/28/1991	3a. Date of La 05/01/199	•
	lace of Business	2a. Mailing Address			4. FEI Number	00/01/100	Applied For
21		26		· · · · · · · · · · · · · · · · · · ·	77-0273236		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	e	City & State			6. Election Campaign Financing		00 May Be
23		28	· •		Trust Fund Contribution		ded to Fees
Zip 24	Country 25	Z _{IP}	Countr 30	У	8. This corporation has liability for int	tangible tax und Yes 🏻 No	er s. 199.032,
[24]	9. Name and Address of Currer		30]		10. Name and Address of New Regi		
DAR 1549 SAR	T, JOHN M. IT, FORD, STRELEC & SPIVEY, I P RINGLING BLVD., SUITE 600 ASOTA FL 34236		81 82 83 84	Street Add	Iress (P.O. Box Number is Not Acceptable	FL 85	Zip Code
office or ragent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	9S. 	poration submits this statement for the pution's board of directors. I hereby accept	the appointmen	t as registered
12,		D DIRECTORS	13.	jon, orginatore redu	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Char	nge 🔲 Addition
NAME STREET ADDRESS	MESSICK, DARRELL E. 19124 OAHU LANE SARATOGA CA			T ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - 2.1 TITLE	SI-ZIP		Char	nge Addition
NAME	MESSICK, KAREN S.		2,2 NAME		_	•	
STREET ADDRESS	19124 OAHU LANE		23 STREE	TADDRESS 9	47 LAUREL AVE AN MATEO, CA 94		
CITY-ST-ZIP	SARATOGA CA		2 4 CITY	SI-ZIP	AN MATEO, CA 94	401	
TITLE		☐ DELFTE	317171.		•	Char	nge 🔲 Addition
NAME STORET ADDRESS			3.2 NAME	T ADODGG			
STREET ADDRESS / City-St-Zip			3.3 STREE 3.4. CITY	T ADDRESS			
TITLE		DELETE	4.1 TITLE	3)^217		Char	nge Addition
NAME		_	4. 2 NAMI				-
STREET ADORESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		·	4.4 DITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 DILE			☐ Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-	ST-ZIP		Char	nge Addition
NAME		ן דין הנונונ	61 TITLE 62 NAME			LI CHAI	igo 🖂 Mudili@f
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 C(1)Y -				
		·····					

14. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this 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, so on an attachment with an address.