FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H00477 **DOCUMENT #**

(0)

STAMPWORKS OF FLORIDA, INC.



Principal Place of Business Mailing Address						r andriter mart marte marte graff (4	1881 91911 01	9:1 9:2 11 311)	
	OLAND BLVD.		208 N. WOODLAND BLVD. DELAND FL 32720 US							
DELAND FL : US	32720									
•							3. Date incorporated or Qualified 3a. Date of Last Report 04/24/1984 05/01/1995			•
2. Principal Plac	ce of Business	2a.	Maining Address				4. FEI Number			Applied For
		26	า				59-2424214	Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #. etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing	Campaign Financing \$5.00 May Be		
3			<u>-</u>				Trust Fund Contribution Added to Fees			
Zip	Country		Zip	Cou	ntry		8. This corporation has liability for		x under s	199.032,
24	25	29	2	30	,			No No		
	9. Name and Address of Curre	ent Regis	tered Agent		י איניביו		10. Name and Address of New	Registered	Agent	
					81	Name				
RISTING		82 Street A			Idress (P.O. Box Number is Not Acceptable)					
2135 W	. DALE CIRCLE									
) FL 32720				83					
					84	City			85 Z	ip Code
						•	ration submits this statement for the pu	FL.	.	
familiar with	h, and accept the obligations of, So	iction 607.	.0605, Florida Statute	S.			and of directors. Thereby accept the appears of which as was g	DATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TITLE	DTS		DELETE	1 11	ıTı F		• • • • • • • • • • • • • • • • • • • •		Change	Addition
NAME	RISTING, GERALD E.			12N	AMF					
STREET ADDRESS	2135 W. DALE CIRCLE			135	IREET AS	ODRESS				
CITY-ST-ZIP	DELAND FL			140	IIY-SF-	ZIP				
TITLE	DP		DELETE:	2 1	TILE				Change	☐ Addition
NAME	risting, Robert P.			22 N	AME					
STREET ADDRESS	LAKE SHORE TRAILS, 362	27 ROYA	L FERN TRAIL	235	TREEL A	DDRESS				
CITY - ST - ZIP	DELAND FL			240	IY-SI-	ZIE				
TITLE	OLD TIP. I.E.	. ,	DELFTÉ	3.1	iTLE			. [Charige	☐ Addition
NAME				32 N	AME					
STREET ADDRESS				333	STREET A	ADDRESS				
CITY-ST-ZIP				340	IIV-SI-	ZIP				
TATLE			☐ DELETE	4 1	iTi E			[Change	Addition
NAME				421	AME					
STREET ADDRESS				439	IREET A	DOPESS				
CHY-ST-ZIP				440	(1Y-SI-	- Z1P				
TITLE			☐ DELETE	5.1	TITLE			[Change	☐ Addition
NAME				521	IAME					
STREET ADDRESS				533	TREET A	ODRESS .				
CITY - ST - ZIP				540	Tr-S!	- 2:P				
TITLE		,	☐ DELFTE		FITLE		· ———	1	Change	Addition
NAME				621	AME					
STREET ADDRESS				633	TREET A	NOORESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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.

SIGNATURE: Signature and typed or printed Name of Signing Officer or Director 4/14/96 (904) 736-6262