

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M66952** (6)

1. Corporation Name
B & L ENGRAVERS, INC.

Principal Place of Business Mailing Address
14605 49TH ST. N. 14605 49TH ST. N.
UNIT 18 UNIT 18
CLEARWATER FL 34622 CLEARWATER FL 34622
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/29/1988 3a. Date of Last Report 08/04/1994

2. Principal Place of Business 2a. Mailing Address
21 14605 49th ST. N. 26 14605 49th ST. N.

4. FEI Number NOT APPLICABLE Applied For Not Applicable

Suite, Apt. #, etc. #15 Suite, Apt. #, etc. #15

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State Clearwater FL 27 City & State Clearwater FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip 34622 Country USA 28 Zip 34622 Country USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEVIN W. COOK
6624 114TH ST., NORTH
SEMINOLE FL 34622

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE KEVIN COOK *Kevin Cook* 1-18-95
(Signature of Registered Agent required when non-state) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	COOK, KEVIN
STREET ADDRESS	6624 114TH ST., NORTH
CITY-ST-ZIP	SEMINOLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COOK, KEVIN
1.3 STREET ADDRESS	11623 67th AVE N.
1.4 CITY-ST-ZIP	SEMINOLE FL 34642
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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: Kevin Cook *Kevin Cook* 1-18-95 8135317462
(Signature and Print Name of Filing Officer or Director) DATE