

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # P97000030428 (1)  
 1. Corporation Name:

SCREENINGS UNLIMITED, INC.

Principal Place of Business:

Mailing Address:

5570A COACH HOUSE CIR  
 BOCA RATON FL 33486

5570A COACH HOUSE CIR  
 BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

2a. Mailing Address:

21 | State, Apt., E., etc.  
 22 | City & State  
 23 | Zip Country  
 24 | 25

26 | State, Apt., E., etc.  
 27 | City & State  
 28 | Zip Country  
 29 | 30

9. Name and Address of Current Registered Agent

GILMAN, NEVINE  
 5570A COACH HOUSE CIR  
 BOCA RATON FL 33486

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

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

65-0743179

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

8. This corporation owes or has paid the current year Intangible  
 Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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, sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report (signatures are required)

OFFICE: Registered Agent (signatures are not required)

DATE

12. OFFICERS AND DIRECTORS

11	D	<input type="checkbox"/>	<input type="checkbox"/>
NAME	GILMAN, NEVINE		
STREET ADDRESS	5570A COACH HOUSE CIR		
CITY & STATE	BOCA RATON FL 33486		
12		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY & STATE			
13		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY & STATE			
14		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY & STATE			
15		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY & STATE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	NAME			
13	STREET ADDRESS			
14	CITY & STATE			
15	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	NAME			
18	STREET ADDRESS			
19	CITY & STATE			
20	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	NAME			
23	STREET ADDRESS			
24	CITY & STATE			
25	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	NAME			
28	STREET ADDRESS			
29	CITY & STATE			
30	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	NAME			
33	STREET ADDRESS			
34	CITY & STATE			

14. I hereby certify that the information supplied was 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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nevine M Gilman*

9-11-98

CR2004598