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PROFIT CORPORATION ANNUAL REPORT

1999

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Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State FLORIDA DEFARTMENT OF STATE **Katherine Harris**

04-26-1999 90170 010 ***150.00

P93000041640 1. Corporation Name A. FELDMAN QUALITY PRINTERS, INC.

Mailing Address Principal Place of Business 228 S WINTON AVE 228 S SWINTON AVE DELRAY BEACH FL 334/4 DELRAY BOH FL 33444 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 06/07/1993 Ar plied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Swinton AVC 398 5. Not Applicable 26 65-0416775 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 This corporation owes the current year Intangible Country Zip Hulm Bear 3 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FELDMAN, A 82 Street 100 GLEASON ST **DELRAY BEACH FL 33483** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subrits 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 Signature, typed or printed rame of registered age it and title if applicable (NCTE: Registered Agent signature re juired when reinstating) ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 11 TITLE TITLE DPT 1.2 NAME 228 3,5 winton AVE Delray Beach F133444 FELDMAN, A NAME 1.3 STREET ADDRESS 100 GLEASON ST STREET ADDRESS DELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. There by 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 of trueton appears in Block 12 or Block 13 if change 1, or on an attachment with an address, with all other like employered 1.

SIGNATURE:

SIGNA URE AND TYPED O

CR2E034 (11/98)