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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 255462 (4)

1. Corporation Name
MODERN STATIONERY INC



Principal Place of Business 56 WEST PLANT STREET WINTER GARDEN FL 34787-3140	Mailing Address 56 WEST PLANT STREET WINTER GARDEN FL 34787-3140
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3. Date Incorporated or Qualified 01/01/1962	3a. Date of Last Report 04/09/1996
4. FEI Number 59-0965914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 17710 Alfred St	22a. Mailing Address 17710 Alfred St
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.
23. City & State Montverde	28. City & State Montverde
24. Zip 34756	25. Country LAKE
29. Zip 34756	30. Country LAKE

9. Name and Address of Current Registered Agent

**VALDES, JOSE M JR.
309 W BAY ST
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name **Jose M Valdes III**

82 Street Address (P.O. Box Number is Not Acceptable)
17710 Alfred St

83

84 City **Montverde** FL 85 Zip Code **34756**

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/27/97**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALDES, JOSE M JR.	
STREET ADDRESS	17710 ALFRED STREET	
CITY - ST - ZIP	MONTVERDE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALDES, JOSE M III	
STREET ADDRESS	56 W. PLANT STREET	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VALDES, RUTH	
STREET ADDRESS	309 W BAY ST	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALDES, JOSE M JR	
1.3 STREET ADDRESS	309 W BAY ST	
1.4 CITY - ST - ZIP	WINTER GARDEN, FL 34787	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Valdes, Jose M III	
2.3 STREET ADDRESS	17710 Alfred St	
2.4 CITY - ST - ZIP	Montverde, FL 34756	
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 do hereby 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 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]* DATE: **3/27/97** DAYTIME PHONE #: **407-469-2441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)