FILE NOW:	FILING FEE AFTER	MAY 1ST	IS \$550.00
PROFIT		FLORIDA DEPA	ARTMENT OF STATE

CORPORATION ANNUAL REPORT

1998

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 313372

(5)

UNITED BUSINESS FORMS, INC.

Mar 06 1998 8:00am Secretary of State

**FILED** 

Principal Place	e of Business	Mailin	g Address				r nealon king there sign about the about not about night a	asi bibii di		
13001 N.W. 42ND AVE. P.O. BOX 4460 HIALEAH FL 33014		P.O.	13001 N.W. 42ND AVE. P.O. BOX 4460 HIALEAH FL 33014			DO NOT WRITE IN THIS SP.	ACE			
, maccani, i c		1 11734	EMITTE GOOT				3. Date Incorporated or Qualified	,		
							02/02/1967		•	
2. Principal P	ace of Business	2a. Ma	ailing Address				4. FEI Number	A	pplied For	
21		26					59-1160848	N	ot Applicable	
Suite, Apt.	#, etc	27	ite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional equired	
City & State				6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fe						
Zip	Country Zip C			Cou	Country 8. This corporation owes or has paid the current year Intangible					
24	25	29		30			Personal Property Tax due June 30.		□ No	
<b>-</b>	g. Name and Address of Curren	nt Registere	d Agent	L			10. Name and Address of New Registered Ag	ent		
CA	ITEL, ROBERT P				81	Name				
29200193WXMERRAME 307 N.E. GOLFVIEW CIR.					82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
XMAMUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				83						
					84	City	FL	85 Zip	Code	
11. Pursuant office or reagent La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	02 and 607.1 Fol Florida Stions of Sc	508, Florida Statut Such change was a ection 607.0505, Flo	es, the a authorize orida Sta	bove d by tutes	e-named co the corpor s.	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoin	nanging i itment as	its registered registered	
SIGNATURE	Signature, typod or posited numeral tagestered aga	ors and liberal nor	incable (NOT)	- Boostore	orl Arro	nt signature rec	quired when reinstating) DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTO	RS IN 12	
TITLE	PTSD		DELFTE	1.1 T	ITLE			Change	Addition	
NAME	CATEL, ROBERT P.			1.2 N	AME				1	
STREET ADDRESS	30. MANAMAKAKAKAMANOK	7 NE GO	OLFVIEW CI	R 1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	REMINIATION FLX ST	UART FI	L 34996	1.40	ITY-S	T-ZIP			13	
TITLE	D		☐ DELETE	211	ITLE			Change	Addition	
NAME	CATEL, CORINNE G.			2.2 N	AME				l	
STREET ADDRESS	OE MAKWAKKKAKOK	7 NE GO	OLFVIEW CI	R 23S	TREFT	ADDRESS				
CITY-ST-ZIP	NEWNXNON FEXX ST	UART FI	L 34996	2 4 0	CITY - S	ST-ZIP				
TITLE			☐ DELETE	3.1 T	IILE			Change	Addition	
NAME				3.2 N	ame					
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY+S1-ZIP			:	3 4. 0	CITY-S	ST - ZIP				
TITLE			☐ DELETE	4.1 T	ITLE			] Change	Addition	
NAME				4 21	NAME	1				
STREET ADDRESS				4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			·		ITY-S	T-ZIP		-		
TITLE			☐ DELETE	51 T				Change	Addition	
NAME				5.2 N	AME					
STREET ADDRESS				538	TREET	ADDRESS				
CITY-ST-ZIP					ITY-S	T-ZIP		<del></del>		
TITLE			DELETE	6.1 T	ITLE			Change	Addition	
NAME				62 N	AME	1				
STREET ADDRESS				638	TREET	ADDRESS				
CITY-ST-ZIP					ITY-S					
14. I hereby o	certify that the information supplied w	vith this filing	does not qualify for	r the ex	emp'	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certif	y that the	e information	

indicated on this annual report or supplies a win one ming does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.