FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

51-195 B-16008C

Sandra B. Mortham, Secretary of State, Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 333897 (7)

1. Corporation Name

EAGLE LITHOGRAPHERS INC

Principal Place of Business	Mailing Address
2727 NW 17TH AVENUE MIAMI FL 33142	2727 NW 17TH AVENUE MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1968
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1229194 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

VIDAL, OSCAR
2725 N.W. 17TH AVENUE
MIAMI FL 33142

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	TITLE	PT ☐ Change ☐ Addition
NAME	VIDAL,OSCAR	NAME	VIDAL, MARGARITA
STREET ADDRESS	2270 S.W. 27TH LANE	STREET ADDRESS	2270 S.W. 27TH LANE
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL
TITLE	VS	TITLE	VS ☐ Change ☐ Addition
NAME	VIDAL,MARGARITA	NAME	VIDAL, OSCAR
STREET ADDRESS	2270 S.W. 27TH LANE	STREET ADDRESS	2270 S.W. 27TH LANE
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	~~MIAMI, FL~~
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — Date

305-634-3052 — Daytime Phone #

0182084 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
[illegible] AM 10: 05
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **339219** **(8)**

1. Corporate Name

SAM P. BRODY INC.

Principal Place of Business
6911 W LINEBAUGH AVE
P.O. BOX 151436
TAMPA FL 33625
US

Mailing Address
6911 W LINEBAUGH AVE
P.O. BOX 151436
TAMPA FL 33625
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1968**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-1226115** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Mail Code — 22

Suite, Apt. # or Mail Code — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

Zip — 24 Country — 25

Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

BOGGS, E JACKSON
501 E KENNEDY 17TH FLOOR
TAMPA FL 33601

10. Name and Address of New Registered Agent

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

(If the new registered agent is a corporation, the new registered agent must sign above.) (Date) (If the new registered agent is not a corporation, the new registered agent must sign above.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, if any	
1 Title	VSD	11 Title	☐ Change ☐ Addition
2 Name	BRODY, MARGARET D	12 Name	
3 Street Address	6911 W LINEBAUGH AVE	13 Street Address	
4 City St Zip	TAMPA FL	14 City St Zip	
5 Title	PDT	21 Title	☐ Change ☐ Addition
6 Name	BRODY, SAM P	22 Name	
7 Street Address	6911 W LINEBAUGH AVE	23 Street Address	
8 City St Zip	TAMPA FL	24 City St Zip	
9 Title	V	31 Title	☐ Change ☐ Addition
10 Name	MEYERS, BONNIE G.	32 Name	
11 Street Address	6911 W LINEBAUGH AVENUE	33 Street Address	
12 City St Zip	TAMPA FL	34 City St Zip	
17 Title		41 Title	☐ Change ☐ Addition
18 Name		42 Name	
19 Street Address		43 Street Address	
20 City St Zip		44 City St Zip	
25 Title		51 Title	☐ Change ☐ Addition
26 Name		52 Name	
27 Street Address		53 Street Address	
28 City St Zip		54 City St Zip	
33 Title		61 Title	☐ Change ☐ Addition
34 Name		62 Name	
35 Street Address		63 Street Address	
36 City St Zip		64 City St Zip	

14. I declare, under penalty, that the information supplied with this report is voluntarily furnished and 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-28-95 (813)884-4328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Meyers

Title Telephone Number

0303813 CP