

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **336506** (1)
1. Corporation Name
D J FORMS COMPANY, INC.

Principal Place of Business
**6800 N AUGUSTA DR
MIAMI FL 33015**

Mailing Address
**6800 N AUGUSTA DR
MIAMI FL 33015**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1968	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1277292		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MERRILL, GAIL S 6800 N AUGUSTA DR MIAMI FL 33015		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		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 Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	MERRILL, MYRON C		
STREET ADDRESS	6800 N AUGUSTA DR		
CITY-ST-ZIP	MIAMI FL		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	MERRILL, GAIL S.		
STREET ADDRESS	6800 N AUGUSTA DR.		
CITY-ST-ZIP	MIAMI FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	MERRILL, GAIL S		
STREET ADDRESS	6800 N AUGUSTA DR		
CITY-ST-ZIP	MIAMI FL		
TITLE	AT	<input type="checkbox"/> DELETE	
NAME	CLANTON, DIANE MERRILL		
STREET ADDRESS	11010 HILL GAIL COURT		
CITY-ST-ZIP	PARKER CO		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	MERRILL, DAWN J. (ASST)		
STREET ADDRESS	6800 N AUGUSTA DR.		
CITY-ST-ZIP	MIAMI FL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	MERRILL, DONNA J.		
STREET ADDRESS	15525 MIAMI LAKEWAY #204		
CITY-ST-ZIP	MIAMI LAKES FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98 (305) 829-0058
Date Time Phone # 0127081

CR2E034 (10/97)