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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 341136 (0)

1. Corporation Name
ACE MARKING DEVICES CORP

Principal Place of Business
3308 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address
3308 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405-1949



3. Date Incorporated or Qualified 02/05/1969	3a. Date of Last Report 02/20/1996
4. FEI Number 59-1088681	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ZAJKOWSKI, WALTER J., JR.
15820 SUNWARD STREET
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ZAJKOWSKI, WALTER J., JR.	1.2 NAME	
STREET ADDRESS	15820 SUNWARD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZAJKOWSKI, GERTRUDE A.	2.2 NAME	
STREET ADDRESS	15820 SUNWARD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	ZAJKOWSKI, DAVID	3.2 NAME	
STREET ADDRESS	15820 SUNWARD ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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]* 1-11-97 561-833-4073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)