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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 422201

(4)

**AMERICAN STAMP WORKS INC** 

**FILED** 

May 04 1998 8:00am

Secretary of State

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Principal Place of Business Mailing Address						1 198111 01010 11010 11010	.1811 B818  USI	BIBN BIBN EIBN B	FB[  Q]Q[	I DIDIT IDDT	
6431 N W 32ND AVE 6431 N W 32N											
MAIMI FL 331	47	MAIMI	MAIMI FL 33147				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or				
							03/28/1973				
2. Principal Pi	ace of Business	<b>2a.</b> Mai	ing Address				4. FEI Number			Ap	plied For
21		26					59-1456846			No	t Applicable
Suite, Apt. (	ff, etc.	Suit	e, Apt. #, etc.				5. Certificate of Status D	esired			dditional
22)		27]	0.000							Fee Re	<del></del>
City & State	•		& State				Election Campaign Fir     Trust Fund Contribution				May Be
<b>Z</b> ip	Country	<b>28</b> Zip		Cou	untry					dded to	
24]	25 29			30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
5-41	9. Name and Address of Cu		Agent	1001	Ţ		10. Name and Address of				
CH	ARLES T. HOFFMAN , III				B1	Name	· · · · · · · · · · · · · · · · · · ·				
6431 N.W. 32ND AVE.					B2	Street Add	eet Address (P.O. Box Number is Not Acceptable)				
	MI FL 33147					OFFICE FOR	st Address (i .O. Box Mulliber is Not Acceptable)				
					83						
					84	City			85	Zip C	ode.
	_					<i></i>			FL "	L.P (	
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.15 State of Florida, S obligations of, Sec	608, Florida <b>Statu</b> uch change was stion 607.0505, Fl	tes, the a authorize orida Sta	bove d by tutes	named cor the corpora	rporation submits this statemer ation's board of directors. I her	it for the pu eby accept	rpose of chan the appointm	ging its ent as	registered registered
SIGNATURE											
	Signature, typed or printed name of registere				d Agei	nt signature requ	uired when reinstaling)		DATE		
12.	OFFICERS	AND DIRECTOR	S DELETE	13.	TIF		ADDITIONS/CHANGES	TO OFFICE	EHS AND DIRE		S IN 12  Addition
TITLE	CHARLES T. HOFFMAN ,	MI	- Deterie						<b>Ц</b> (	nanye	LI AUGILION
NAME	4239 WASHINGTON STRE			1.2 N		1000000					
STREET ADDRESS	HOLLWHOOD EL 20001					ADDRESS					
CITY-ST-ZIP TITLE			DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		<del>,</del>		<b>* *</b> Ci	hange	Addition
NAME	APPLEGARTH, MARYLOU			2.2 N		"	ARYLOU MAGRIN	Ω			
STREET ADDRESS	AMA CHECHIA BONITE DO			2.3 STRE			345 WEST PARK		!		
CITY-ST-ZIP	HOLLYWOOD FL 33021				HTY-S		OLLYWOOD, FL #				
TITLE	87-		DELETE	3.1 Ti		V	/	<u>,</u>	<b>XX</b> C	hange	Addition
NAME	HOFFMANN, DONALD W.			3.2 N	AME						
STREET ADDRESS	401 N.W. 150TH ST.			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL			3.4. 0	HTY-S	T-ZIP M	ITAMI FL 33168				
TITLE			☐ DELETE	4.1 Ti	TLE	S	T			hange	<b>XX</b> Addition
NAME				4.21			ICTOR ESCARPANTE		ما ما ما		
STREET ADDRESS	•			4.3 S	TREE1.	ADDRESS 7	875 S.W. 40TH ST	REET #	1217		
CITY-ST-ZIP			56.575		11Y - S1	-ZIP N	ITAMI FL 33155				10000
TITLE			DELETE	5.1 1						hange	Addition
NAME				5.2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	<del>.</del>		DELETÉ		11Y-S1	- ZIP	· · · · · · · · · · · · · · · · · · ·		C	hange	Addition
TITLE			- OTTEIE	6.1 TI					Ц И	KUIYE	L Addition
NAME expect anodese				6.2 N		ADDRESS					
STREET ADDRESS				■ 0.3 S	inct	MDUME05 [					

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 11 if changed, or on an attachment with an address.

CNATURE Y Chale T. HOXA

APR 1 7 1998 691-1941.

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