

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 430612 (2)

1. Corporation Name

ASSOCIATED LABEL SYSTEMS INC



Principal Place of Business

300 WARFIELD AVENUE
VENICE FL 34282

Mailing Address

300 WARFIELD AVENUE
VENICE FL 34282

3. Date Incorporated or Qualified
07/16/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1486178

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

9. Name and Address of Current Registered Agent

KAPS, ARTHUR C
601 BRISTOL LANE
NOKOMIS, FL
34275

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 607.0102 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 date

(NOTE: Registered Agent must be a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE

STD

☐ DELETE

NAME

KAPS, MAUREEN J
601 BRISTOL LANE
NOKOMIS FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD

☐ DELETE

NAME

KAPS, ARTHUR C
601 BRISTOL LANE
NOKOMIS FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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)(b), Florida Statutes. I further certify that the information indicated in 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 637, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

STD

☐ DELETE

1.2 NAME

KAPS, MAUREEN J
601 BRISTOL LANE
NOKOMIS FL

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

PD

☐ DELETE

2.2 NAME

KAPS, ARTHUR C
601 BRISTOL LANE
NOKOMIS FL

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

STD

☐ DELETE

3.2 NAME

KAPS, MAUREEN J
601 BRISTOL LANE
NOKOMIS FL

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

PD

☐ DELETE

4.2 NAME

KAPS, ARTHUR C
601 BRISTOL LANE
NOKOMIS FL

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

STD

☐ DELETE

5.2 NAME

KAPS, MAUREEN J
601 BRISTOL LANE
NOKOMIS FL

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

PD

☐ DELETE

6.2 NAME

KAPS, ARTHUR C
601 BRISTOL LANE
NOKOMIS FL

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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CR2E034 (12/95)

4/29/96 (941) 485-7000