

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 455331 (9)

1. Corporation Name

SUNSET LITHO CO.

Principal Place of Business

985 N.W. 53RD STREET
FT. LAUDERDALE FL 33309

Mailing Address

985 N.W. 53RD STREET
FT. LAUDERDALE FL 33309



3. Date Incorporated or Qualified

06/25/1974

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1300775

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

10. Name and Address of New Registered Agent

MARCHIONE, FRANK
985 NW 53RD STREET
FT. LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1 1 TITLE ☐ Change ☐ Addition

NAME MARCHIONE, FRANK
STREET ADDRESS 6938 S. GRANDE DRIVE
CITY-ST-ZIP BOCA RATON FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE S ☐ DELETE

2 1 TITLE ☐ Change ☐ Addition

NAME MARCHIONE, MARY
STREET ADDRESS 6938 S. GRANDE DRIVE
CITY-ST-ZIP BOCA RATON FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VP ☐ DELETE

3 1 TITLE ☐ Change ☐ Addition

NAME MARCHIONE, MICHAEL
STREET ADDRESS 610 NW 37 ST
CITY-ST-ZIP POMPANO BEACH FL

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE

4 1 TITLE ☐ Change ☐ Addition

NAME MARCHIONE, MARY
STREET ADDRESS 6938 S. GRANDE DRIVE
CITY-ST-ZIP BOCA RATON FL

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VP ☐ DELETE

5 1 TITLE ☐ Change ☐ Addition

NAME MARCHIONE, TODD
STREET ADDRESS 8135 CEDAR HOLLOW LN.
CITY-ST-ZIP BOCA RATON FL

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

62 NAME
63 STREET ADDRESS

CITY-ST-ZIP

64 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)(k), 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: *Frank Marchione* FRANK MARCHIONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 954-776-1096
Date Daytime Phone #

CR2E034 (12/95)