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 # 48

488731

(1)

SCREENCO NORTH, INC.

FILED
May 06 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address SA70 DEXTER WY MANGONIA PARK FL 33407 US					
MANGONIA PARK FL 33407 US DO NOT WRITE IN THIS SPACE	Principal Place	e of Business	Mailing Address		
US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/31/1975 2. Principal Piace of Business 2a. Melling Address 4. FET Number Applied F. Set Typ Not Applied F. Set Typ Solid Apt. 8, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required	5470 DEXTER WAY 5470 DEXTER WAY				
2. Principal Place of Business 2a. Mailing Address 4. FEI humber Applied F 10/3 1/1975 Not Applied F 21 Sule, Apt. #, etc. Sule, Apt. #, etc		ARK FL 33407			DO NOT IMPITE IN THIS SPACE
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City & State	Suite, Apt	#, etc.			SR 75 Additional
Zip Country Zip Country Added to Pees Zip Country 2					5. Certificate of Status Desired Fee Required
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PRINCE, RICHARD S470 DEXTER WAY MANGONIA PARK FL 33407 ### City Full 85 710 Code ### City		<u>⊢</u> ¬ '		— ·	
PRINCE, RICHARD 5470 DEXTER WAY MANGONIA PARK FL 33407 62 Street Address (P.O. Box Number is Not Acceptable)	24]30]	
STOP DEXTER WAY MANGONIA PARK FL 33407 B2 Street Address (P.O. Box Number is Not Acceptable)	DDI		on registered Agent	81 Nan	
## City ## Cit					
B3 B4 City				82 Stre	eet Address (P.O. Box Number is Not Acceptable)
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 register agent, or both, in the State of Florida Section 607 0505, Florida Statutes. SIGNATURE Signature typed or pretice name of mysterion agend and the of west-closed (NOTE Registered Agent signature required when rehistating) 12.	ITIES	HOUSING FAINTE OUTU		B3	
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 register agent, or both, in the State of Florida Section 607 0505, Florida Statutes. SIGNATURE Signature typed or pretice name of mysterion agend and the of west-closed (NOTE Registered Agent signature required when rehistating) 12.					
The provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE				84 City	y FI 85 Zip Code
Agent. I am familiar with, and accept the obligations of. Section 607,0505, Floridal Statutes. Signature typed to present accept the obligations of regulated to the signature required Agent agenture required when reinstating) 12.	11. Pursuant t	to the provisions of Sections 607 0	1502 and 607.1508, Florida Stat	tutes, the above-nam	med corporation submits this statement for the purpose of changing its registered
SIGNATURE Signature typical or printed name of mystorical agent and first characteristic (NOTE Registered Agent signature required when reinstating) DATE 12.	office or re agent. I ar	egiste red agent, or both, in the Sta m fam iliar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607,0505.	is authorized by the c Florida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
Signature bysind or printed rame of migrishinen agent and file it applicable (NOTE Registered Agent signature required when reinstating) DATE	•	•			
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information applies with this filing does not applied with this filing does not applied by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information applied with this filing does not applied by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information applied with this filing does not applied by the exemption stated in Section 119.07(3)(i), Florida Statutes.		ertify that the information exertion	with this filing does not malifu		stated in Section 119 07(3)(i) Florida Statutes - Liurther certify that the information
indicated on this annual report of supplies ental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or truster 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 in an attachment with an address.	indicated of officer or o	on this annual report of supplemental supplemental supplements of the corporation or the re-	ntal annual report is true and ac acciver or trustes empowered to	ccurate and that my	r signature shall have the same legal effect as if made under oath; that I am an transport as required by Chapter 607, Florida Statutes; and that my name appears in