FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **507371** **(3)**

1. Corporation Name
TOMKEN DIE CUTTING, INC.

Principal Place of Business	Mailing Address
2490 N.W. 151 STREET OPA LOCKA FL 33054	2490 N.W. 151 STREET OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1976**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-1680004** ☐ 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

THOMAS, KEN
2490 N.W. 151 STREET
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name: RICKS , BARBARA
82 Street Address (P.O. Box Number is Not Acceptable): 3161 N.W. 101 ave.
83: SUNRISE, FL.
84 City: SUNRISE **FL** 85 Zip Code: 33351

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: _____ 3/31/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD THOMAS, KEN XXXXXXXXXXXX SUNRISE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition PRESIDENT BARBARA RICKS 3161 N.W. 101 ave. SUNRISE, FL. 33351
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICE PRES. BARBARA RICKS 3161 N.W. 101 ave. SUNRISE, FL. 33351	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TREASURER BARBARA RICKS 3161 N.W. 101 AVE. SUNRISE, FL. 33351	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY BARBARA RICKS 3161 N.W. 101 ave. SUNRISE, FL. 33351	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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: BARBARA RICKS 3/31/95 **681-8773**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0101760 CP