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ANNUAL REPORT
1995

APPROVED AND FILED

95 FEB 23 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 621689 (9)

1. FILIGREE WIDESLAB OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3501 S.W. 46TH AVE<br>FT.LAUDERDALE FL 33314 | 3501 S.W. 46TH AVE<br>FT.LAUDERDALE FL 33314 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 05/01/1979 | 3a. Date of Last Report: 04/26/1994 |
| 4. FEI Number: 59-1902890 | ☐ 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 | |

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MALT, ROBERT C<br>4627-D ORLEANS CT<br>WEST PALM BEACH FL 33406 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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: _____ DATE (Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MALT, ROBERT C | 12 NAME | |
| STREET ADDRESS | 103 OLYMPUS WAY | 13 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER, FLORIDA 00000 | 14 CITY-ST-ZIP | |
| TITLE | ST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MALT, VERA | 22 NAME | |
| STREET ADDRESS | 103 OLYMPUS WAY | 23 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 24 CITY-ST-ZIP | |
| TITLE | P | 31 TITLE | ☐ Change ☐ Addition |
| NAME | FAIRBROTHER, ROBERT | 32 NAME | |
| STREET ADDRESS | 2464 N.W. 64TH ST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this report 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 13 above, or on an attachment with an X in Block 11.

SIGNATURE: Robert A Faibrother February 20, 1995 3057918200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0223475 CP