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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # 621689

(9)

FILIGREE WIDESLAB OF FLORIDA, INC.

Principal Place of Business 3501 S.W. 46TH AVE FT.LAUDERDALE FL 33314		Mailing Address 3501 S.W. 46TH AVE FT.LAUDERDALE FL 33314-2296							
	·					3. Date incorporated or Qualifie 05/01/1979		ate of Last R /23/1996	leport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u></u> -	 	oplied For
21		26				59-1902890	····		ot Applicable
Suite, Apt	#, €tC.	Suite, Apt #, etc.				5. Certificate of Status Desired		* ·	Additional equired
City & State	e	City & State				8. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip	30 Co	untry		This corporation has liability f Florida Statutes	ior intangibl		. 199.032,
	9. Name and Address of Curre			<u> </u>		10. Name and Address of New	Registered	Agent	
	T, ROBERT C			81	Name				
	7-D ORLEANS CT			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
WES	ST PALM BEACH FL 33406			83					
									2
				84	City		FI	_ 85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent or both, in the Stati in familiar with, and accept the oblig	e of Florida. Such change v gations of, Section 607,050:	was authorize	ed by	the corporati	oration submits this statement for the on's board of directors. I hereby ac	e purpose o cept the ap	ot changing it pointment as	ls registered registered
	 Stanature, Nuclea or printed name of registered ac 	gent and title if ancilicable	(NOTE: Register	ed Ager	ni signature reguin	ed when reinstating)	DATE		
12.	Signature, typed or printed harm of registered ag OFFICERS At	pent and title if applicable ND DIRECTORS	(NOTE: Registers		nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
12. 1014	OFFICERS AT		13,		ni signature requir			D DIRECTOR	RS IN 12
TITLE NAME	OFFICERS AF D MALT, ROBERT C	ND DIRECTORS	13. 1.1.1 1.2.1	TITLE NAME					
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14. I do hereby certify that the information supplied with this filing 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 trusted 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 or) an attachment with an address.