

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 631929

(7)

1. Corporation Name

THE COMIC STRIP, INC.

55 MAY - 1 JUN 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1432 NORTH FEDERAL HWY
FT LAUDERDALE FL 33304

Mailing Address

1432 NORTH FEDERAL HWY
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1979

3a. Date of Last Report
02/10/1994

4. FEI Number
59-1960824

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 Incorporation

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALATSOS, JAMES
1432 N FEDERAL HWY.
FT. LAUDERDALE FL 33304

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1509, 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 the said 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (If the corporation is a foreign corporation, the signature of the person authorized to act as the registered agent in the State of Florida)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101. NAME	VD TIENKER, RICHARD J. 1432 N FEDERAL HWY FT LAUDERDALE FL
102. STREET ADDRESS	
103. CITY, ST, ZIP	
104. NAME	PSD BALATSOS, JAMES 1432 N FEDERAL HWY FT LAUDERDALE FL
105. STREET ADDRESS	
106. CITY, ST, ZIP	
107. NAME	
108. STREET ADDRESS	
109. CITY, ST, ZIP	
110. NAME	
111. STREET ADDRESS	
112. CITY, ST, ZIP	
113. NAME	
114. STREET ADDRESS	
115. CITY, ST, ZIP	
116. NAME	
117. STREET ADDRESS	
118. CITY, ST, ZIP	
119. NAME	
120. STREET ADDRESS	
121. CITY, ST, ZIP	

1. NAME	CORRECTION ☒ Change ☐ Addition
2. NAME	TIENKER, RICHARD J.
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. NAME	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. NAME	
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. NAME	
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information is included in 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 manager or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE:

James Balatsos
JAMES BALATSOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

305-565-8887