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

PROFIT CORPORATION ANNUAL REPORT



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

Daytime Phone #

Date

1996 DOCUMENT #

SIGNATURE

F80716

(6)

F & M EXPRESSIONS UNLIMITED, INC.

12R INDUSTR	Principal Place of Business Mailing Address				T CHARGE THAT INDIN BANK TOBAL WIND DAIL BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIRN			
12B INDUSTRIAL AVE 12B INDUSTRIAL AVE								
UPPER SADD	DLE RIVER NJ 07458	UPPER SADDLE RIV	'ER NJ 07458					
					3. Date Incorporated or Qualified 05/10/1982		Last Report 08/1995	
1	ice of Business	2a. Mailing Address			4. FEI Number		Applied For	
Control Ambien		26			59-2222399		Not Applica	
- Suite, Apt. # 	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additiona Fee Required	
City & State	······································	City & State			6. Election Campaign Financing		\$5.00 May Be	
Z ₍₀)	Country	28	Countr		Trust Fund Contribution 8. This corporation has liability for		Added to Fees	
,,	25	29	30	,		initarigibie tax t S∏No	unders 199.032,	
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered Ag	ent	
			8	Name				
	an, frank		82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
	W 18TH PL		-					
PEMBRO	OKE LAKES FL 33026		8:	3				
			8	City			85 Zip Code	
	4.0-4.0-2.007.007	00 1007 1500 51 11 01 1		<u> </u>		FL		
 or registere 	or the provisions of Sections 607.556 and agent, or both, in the State of Flo in, and accept the obligations of, Se	orida. Such change was author	rized by the cor	poration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	orpose of chang pointment as req	jirig its registered o gistered agent. I ar	
GNATURE	The second is the second secon	oner, coo, the sad cool						
	Signature, typed or proted har ne of registers Lag-	ort and the it applicance (NOTE Registered Ag	ent signature require	ed when reinstating!	DATE		
·		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DI	IRECTORS IN 12	
LE	PST	☐ DELETE	1 1 TITLE				Change 🔲 Additi	
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REFT ADDRESS	•			-1 ADDRESS				
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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR