

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000240 (3)

1. Corporation Name

ASSOCIATED AMERICAN WRITING SUPPLY CORP.

Principal Place of Business

4340 FULTON STREET
120
SHERMAN OAKS CA 91423
US

Mailing Address

8766 SE RIVERFRONT TERR
TEQUESTA FL 33469
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1992

4. FEI Number

95-3191734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KANTOR, GEORGE E
8766 SE RIVERFRONT TERRACE
TEQUESTA FL 33469

81 Name

82 Street Address

83

84

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, GEORGE E	1.2 NAME	
STREET ADDRESS	8766 SE RIVERFRONT TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, MARIA A	2.2 NAME	
STREET ADDRESS	8766 SE RIVERFRONT TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, STEVE	3.2 NAME	
STREET ADDRESS	4340 FULTON ST., #120	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS CA 91423	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:

[Signature]

1-12-98 561-744-0604

CR2E034 (10/97)