

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90165 037 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001581

1. Corporation Name
WHITLAM LABEL CO., INC.

Principal Place of Business
24800 SHERWOOD
CENTER LINE MI 48015

Mailing Address
24800 SHERWOOD
CENTER LINE MI 48015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1993

4. FEI Number
38-1855016

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 3030 WENTWORTH WAY
Suite, Apt. #, etc.

2a. Mailing Address
26 3030 WENTWORTH WAY
Suite, Apt. #, etc.

22 City & State
23 TARPON SPRINGS, FL

27 City & State
28 TARPON SPRINGS, FL

24 Zip 34689 Country USA

29 Zip 34689 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREANI, SANDRA
1730 ALTERNATE 19 SOUTH
STE M
TARPON SPRINGS FL 34689

81 Name ANDREANI, SANDRA
82 Street Address (P.O. Box Number is Not Acceptable)
3030 WENTWORTH WAY
83
84 City TARPON SPRINGS FL 85 Zip Code 34689

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	
TITLE	DC <input type="checkbox"/> DELETE
NAME	SHAIEB, GEORGE ALBERT
STREET ADDRESS	24800 SHERWOOD
CITY-ST-ZIP	CENTER LINE MI 49015
TITLE	DP <input type="checkbox"/> DELETE
NAME	SHAIEB, EDWARD M
STREET ADDRESS	24800 SHERWOOD
CITY-ST-ZIP	CENTER LINE MI 48015
TITLE	DS <input type="checkbox"/> DELETE
NAME	SHAIEB, GEORGE ANTHONY
STREET ADDRESS	24800 SHERWOOD
CITY-ST-ZIP	CENTER LINE MI 48015
TITLE	VP <input type="checkbox"/> DELETE
NAME	SHAIEB, RICHARD
STREET ADDRESS	24800 SHERWOOD
CITY-ST-ZIP	CENTER LINE MI 48015
TITLE	T <input type="checkbox"/> DELETE
NAME	SHAIEB, JAMES F
STREET ADDRESS	24800 SHERWOOD
CITY-ST-ZIP	CENTER LINE MI 48015
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

Date

810-757-5100 x224

Daytime Phone #

CR2E034 (11/98)