

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F93000004575 (7)

1. Corporation Name

INTERNATIONAL LAMINATES, INC.



Principal Place of Business

3000-10 NW 25TH AVE.  
POMPANO BEACH FL 33069

Mailing Address

3000-10 NW 25TH AVE.  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

91-1539112

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VUKELIC, MARY ANNE  
501 NORTH RIVERSIDE DR.  
SUITE 303  
POMPANO BEACH FL 33062

new  
ADDRESS

10. Name and Address of New Registered Agent

81

Name

VUKELIC MARY ANNE

82

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

21014 7th Avenue

83

84

City

Cudde Key

FL

Zip Code

33042

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

MARY ANNE VUKELIC

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

Mary Anne Vukelic

(NOTE: Registered agent signature required when reinstating)

1/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DCPS  
DAVIS, R. MICHAEL  
722 SOUTH HOMER ST.  
SEATTLE WA 98108

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
DENSTORFF, THOMAS  
722 SOUTH HOMER ST.  
SEATTLE WA 98108

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
DAVIS, R. MICHAEL  
722 SOUTH HOMER ST.  
SEATTLE WA 98108

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

R. Michael Davis

R. Michael Davis

1-15-97

206  
1/27/98/10

CR2E034 (1097)