FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003825 (6)**

1. Corporation Name

EMERSON STATIONERY, INC.

Principal Place of Business	Mailing Address
~~9 PAVINIA AVE.~~	~~9 PAVINIA AVE.~~
~~EMERSON NJ~~	~~EMERSON NJ~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2677 FOREST HILL BLVD	26 P.O. Box 15773
22 Suite, Apt. #, etc. # 101	27 Suite, Apt. #, etc.
23 City & State: WEST PALM BEACH FL	28 City & State: WEST PALM BEACH FL.
24 Zip: 33406 25 County: PALM BEACH	29 Zip: 33416 30 County: PALM BEACH

4. FEI Number: 22-2363716 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WITKOWSKI, RONALD 12788 W. FOREST HILL BLVD., #2003 WEST PALM BEACH FL 33414	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

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: (V.P.) 4-26-95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	PDC	1.1 Title	☐ Change ☐ Addition
1 Name	BLITZER, JEROME J	1.2 Name	
1 Street Address	2690 LINKSIDE DR.	1.3 Street Address	
1 City-St-Zip	WELLINGTON FL 33414	1.4 City-St-Zip	
2 Title	STDC	2.1 Title	☐ Change ☐ Addition
2 Name	BLITZER, ELAINE	2.2 Name	
2 Street Address	2690 LINKSIDE DR.	2.3 Street Address	
2 City-St-Zip	WELLINGTON FL 33414	2.4 City-St-Zip	
3 Title		3.1 Title	☐ Change ☐ Addition
3 Name		3.2 Name	
3 Street Address		3.3 Street Address	
3 City-St-Zip		3.4 City-St-Zip	
4 Title		4.1 Title	☐ Change ☐ Addition
4 Name		4.2 Name	
4 Street Address		4.3 Street Address	
4 City-St-Zip		4.4 City-St-Zip	
5 Title		5.1 Title	☐ Change ☐ Addition
5 Name		5.2 Name	
5 Street Address		5.3 Street Address	
5 City-St-Zip		5.4 City-St-Zip	
6 Title		6.1 Title	☐ Change ☐ Addition
6 Name		6.2 Name	
6 Street Address		6.3 Street Address	
6 City-St-Zip		6.4 City-St-Zip	

14. I declare (verify) that the information supplied with this filing is accurate and does not qualify for the exemptions 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 1 or 12 if changed, or on an attached sheet, with an address.

SIGNATURE: 4-26-95 407.968.4088
(Date) (Telephone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

JEROME J. BLITZER (PRES.)

0305104 EP