

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002660 (7)

1. Corporation Name

UNITED AD LABEL CO., INC.



Principal Place of Business

PO BOX 2216
BREA CA 92622-2216

Mailing Address

PO BOX 2216
BREA CA 92622-2216

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

4. FEI Number

95-2282498

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent Signature Required when not filing)

(STATE)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CONNOLLY, RICHARDINE J	
STREET ADDRESS	650 COLUMBIA ST.	
CITY- ST- ZIP	BREA CA 92621	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BURNS, PATRICK L	
STREET ADDRESS	650 COLUMBIA ST.	
CITY- ST- ZIP	BREA CA 92621	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURNS, LARRY M	
STREET ADDRESS	650 COLUMBIA ST.	
CITY- ST- ZIP	BREA CA 92621	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FABIAN, SHELLY I	
STREET ADDRESS	650 COLUMBIA ST.	
CITY- ST- ZIP	BREA CA 92621	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COX, STEVEN L	
STREET ADDRESS	650 COLUMBIA ST.	
CITY- ST- ZIP	BREA CA 92621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Baylies, Bradley E.	
1.3 STREET ADDRESS	650 Columbia St.	
1.4 CITY- ST- ZIP	Brea, CA 92621	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Laird, Cal	
2.3 STREET ADDRESS	650 Columbia St.	
2.4 CITY- ST- ZIP	Brea, CA 92621	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Cox

3/196 714 990-2700

CR2E034 (12/95)