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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000002660 (7)

1. Corporation Name
UNITED AD LABEL CO., INC.



Principal Place of Business Mailing Address
PO BOX 2216 BREA CA 92622-2216 PO BOX 2216 BREA CA 92622-2216

3. Date Incorporated or Qualified 06/01/1995
3a. Date of Last Report 03/28/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 92822-2216 25 29 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the filer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE C DELETE
NAME CONNOLLY, RICHARDINE J
STREET ADDRESS 650 COLUMBIA ST.
CITY-ST-ZIP BREA CA 92621
TITLE DP DELETE
NAME BURNS, PATRICK L
STREET ADDRESS 650 COLUMBIA ST.
CITY-ST-ZIP BREA CA 92621
TITLE DV DELETE
NAME BURNS, LARRY M
STREET ADDRESS 650 COLUMBIA ST.
CITY-ST-ZIP BREA CA 92621
TITLE DST DELETE
NAME FABIAN, SHELLY I
STREET ADDRESS 650 COLUMBIA ST.
CITY-ST-ZIP BREA CA 92621
TITLE V DELETE
NAME COX, STEVEN L
STREET ADDRESS 650 COLUMBIA ST.
CITY-ST-ZIP BREA CA 92621
TITLE V DELETE
NAME BAYLIES, BRADLEY E.
STREET ADDRESS 650 COLUMBIA ST
CITY-ST-ZIP BREA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D Change Addition
1.2 NAME CONNOLLY, RICHARDINE J
1.3 STREET ADDRESS 650 COLUMBIA STREET
1.4 CITY-ST-ZIP BREA, CA 92821
2.1 TITLE C Change Addition
2.2 NAME BURNS, PATRICK L
2.3 STREET ADDRESS 650 COLUMBIA STREET
2.4 CITY-ST-ZIP BREA, CA 92821
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP BREA, CA 92821
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP BREA, CA 92821
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP BREA, CA 92821
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP BREA, CA 92821

14. I do 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: STEVEN L. COX 3-20-97 714-990-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)