


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005982 (1)**

1. Corporation Name

VISUAL EDGE SYSTEMS INC.



Principal Place of Business

Mailing Address

**2424 N FEDERAL HWY #100
BOCA RATON FL 33431**

**2424 N FEDERAL HWY #100
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

13-3778895

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

2a. Mailing Address

21 2424 N. Federal Highway

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27

23 Boca Raton FL

28

24 33431

25 USA

29

30

9. Name and Address of Current Registered Agent

**TRAUBER, AMI A.
2424 N FEDERAL HWY #100
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

82 Melissa Forzly

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

2424 N. Federal Highway

83 Suite 100

84 Boca Raton

FL

**85 Zip Code
33431**

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

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

Melissa Forzly

(NOTE: Registered Agent signature required when reinstating)

11/14/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCVL** ☐ DELETE
NAME **UBELL, ALAN L**
STREET ADDRESS **2424 N FEDERAL HWY #100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DCEO** ☐ DELETE
NAME **TAKEFAM, EARL T**
STREET ADDRESS **2424 N FEDERAL HWY #100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☒ DELETE
NAME **WILLIAMS, FRANK**
STREET ADDRESS **2424 N FEDERAL HWY #100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ DELETE
NAME **EINHORN, EDDIE**
STREET ADDRESS **2424 N FEDERAL HWY #100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ DELETE
NAME **HERSHHORN, MARK**
STREET ADDRESS **2424 N FEDERAL HWY #100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **COO** ☐ DELETE
NAME **PARKER, RICHARD**
STREET ADDRESS **2424 N FEDERAL HWY #100**
CITY-ST-ZIP **BOCA RATON FL 33431**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Beryl Artz**
3.4 CITY-ST-ZIP **2424 N. Federal Highway #100
Boca Raton, FL 33431**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

514-750-7559

CR2E034 (10/97)