

ANNUAL REPORT  
1995

Florida Department of  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G95576

(6)

1. Corporation Name

STAMPRITE ENTERPRISES, INC.

95 MAY -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1462 SW 12 AVENUE  
POMPANO BCH. FL 33069

Mailing Address

1462 SW 12 AVENUE  
POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
04/10/1984

3a. Date of Last Report  
04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FBI Number

59-2440182

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

HUGHES, M DANIEL, ESQUIRE  
3000 N FEDERAL HWY, BLDG TWO, STE 200  
FT. LAUDERDALE FL 33308

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

By [Signature] typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS    | CITY - ST - ZIP |
|-------|------------------|-------------------|-----------------|
| DP    | WRIGHT JEFFERY   | 1462 SW 12 AVENUE | POMPANO BCH. FL |
| DST   | HANOVER, TIMOTHY | 1462 SW 12 AVENUE | POMPANO BCH. FL |
|       |                  |                   |                 |
|       |                  |                   |                 |
|       |                  |                   |                 |
|       |                  |                   |                 |
|       |                  |                   |                 |

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                 |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |

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 007, 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

4-25-95

305-946-6110