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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22 1998 8:00am Secretary of State

ENGELHARD PRINTING CO.	311 (7)			1 1 1 1 1 1 1 1 1 1
Principal Place of Business	Mailing Address		{	818H 819H 818H 818H 818H 188H
13321 W DIXIE HNWY	-			
N. MIAMI FL 33161	13321 W DIXIE HWY N. MIAMI FL 33161			
US	US		DO NOT WRITE IN TH	HS SPACE
			3. Date Incorporated or Qualified	
			05/15/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2825489	Not Applicable
Suite, Apt. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zφ	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Register	ed Agent
ENGELHARD, GEORGE W.		61 Name		
13321 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
		83		
		84 City		■ 85 Zip Code
		1 1 7		• L _ '
11. Pursuant to the provisions of Sections 607, office or registered agent, or both, in the S agent. I am familiar with, and accept the ol	0502 and 607.1508, Florida Stateto of Florida. Such change was bligations of, Section 607.0505,	lutes, the above-named corp s authorized by the corporat Florida Statutes.	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE Signature, typed or protect two and registers	in the state of th			
	AND DIRECTORS	Of E Bog stored Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE P	DELETE	1.1 TITLE	ABBITIONS, OT A TOLETO A	Change Addition
NAME ENGELHARD, GEORGE W		1.2 NAME		Li Mange Li Radition
STREET ADDRESS 13321 WEST DIXIE HIGHW		1.3 STREET ADDRESS		
CITY-ST-ZIP NORTH MIAMI FL	••••	1.4 CHY-ST-ZIP		
1014	DELETE	2.1 IITLE		Change Addition
NAME	-	2.2 NAME		C change C Monton
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY- \$1-2IP		
1thE	DELETE	3.1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	DELETE	4170TLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELFTE	5 1 Till£		Change Addition
NAME		5.2 NAME		·
STREET ADDRESS		5.3 STREET ADDRESS		
Crty-St-ZiP		5.4 CITY-SY-ZIP		
0117-01-12		0. (O//) C//		1
TITLE	DETETE	6.1 TITLE		Change Addition
	☐ D€1€TE			Change Addition
TITLE	☐ DÉTÉTE	6.1 TITLE		Change Addition

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: