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

DOCUMENT # H88023

(7)

LABEL TAPE SYSTEMS, INC.

FILED
Apr 20 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					I IERIGIA BARA SAIRI SAIRI SAIRI OKINA SAIRI BARAN ASII	AIB(CDIRCC AID) COOL IND	
1721 INDEPENDENCE BLVD A-1 SARASOTA FL 34234		P.O BOX 49407 Sarasota FL 34230 US	SARASOTA FL 34230		DO NOT WRITE IN THIS S	SPACE	
U\$					3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Address			12/04/1985 4. FEI Number	Applied For	
21	Idoa or Dosiness	26. Walling Address			59-2612947	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	i. #, elc.			\$8.75 Additional		
22		27	7]		5. Certificate of Status Desired	Fee Required	
City & State	Ð	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	'	8. This corporation owes or has paid the curr		
24	25 9. Name and Address of Curr		30		Personal Property Tax due June 30.	Yes No	
		aur uadistaten wägur	81	Name	The state of the s	Aguit	
ELLINGTON, JOHN H.							
7274 ELEANOR CIRCLE			82	Street	Address (P.O. Box Number is Not Acceptable)	•	
APT 101 SARASOTA FL 34243			83				
	INDUIN I E OTETO		-	A:-		Test 7: 0 7:	
			84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above	e-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 Statules.							
SIGNATURE	John H. Ellin Signature, typed or printed name of registered	aton_			4/18/98		
				nl signatur	e required when reinstating) DATE ADDITION DOLLAR OF C. T.O. OF FLOS DOLLAR OF C. T.O. OF T.	DIDEOTODO IN 10	
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	ELLINGTON, JOHN H.	[otter	1.2 NAME			C CHarge C Addition	
STREET ADDRESS	7274 ELEANOR CIRCLE 10	1	1.3 STREET	2236004			
CITY-ST-ZIP	SARASOTA FL	'	1.4 CHY-S				
TITLE			2.1 TITLE			Change Addition	
NAME	BROWN, DAVID		2.2 NAME			l	
STREET ADDRESS	4195 S TAMIAMI TRAIL, #9	09	2.3 STREET	ADDRESS			
CITY-ST-ZIP	VENICE FL		2. 4 C(TY-\$1-ZIP				
TITLE	DELETE 3.17		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE			3.4. CITY - S 4.1 TITLE	ST-ZIP		Change Addition	
NAME		- DELL'IC	4. 2 NAME			tale origings that required	
STREET ADDRESS	1			ADDRESS		İ	
CITY-ST-ZIP			4.4 CITY - S			i	
TITLE	······································		5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP	4		5.4 C(TY-S	1-712			
TITLE		☐ DELETE	6.1 TiTL€			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP	partify that the information cumplied	with this filling doce not qualify for	6.4 CITY - S		ed in Section 119 07(3)(i) Florida Statutes I further ce	rtify that the information	
14. Thereby 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, on an interchanged with this filing does not qualify for the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an interchanged with the information.							