## 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 #

(9)

SHOWCASE DESIGN CORP.

**FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1	f tuditabi art matat tatet atatt ginte jant atutt biat	#1611 B1841 #	FB1) Q1811 198;
6333 HEATHER COURT PO BOX 1579									
		BOYTON BEACH FL 33435							
BOYNTON BEACH FL 33437 US		BOTTON BEROTI PE 33403			DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualified 08/10/1989		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For			Applied For	
21		26			65-0156758			Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						Additional	
22		27			5.	Certificate of Status Desired		Required	
City & State	9 .	City & State			Election Campaign Financing \$5.00 May Be				
23	•	28				•	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	intry		В.	This corporation owes or has paid the cu	ren≱ vear l	Intangible
24	25	29	30			-		Yes	□ No
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registered	Agent	
DIM	IAURO, ANTHONY P JR			81	Name				
	3 HEATHER CT.			00	Chant Addr	200 /5	C. Day Number is Net Assertable)		
	YNTON BEACH FL 33437	<b>82</b> St			Street Addre	ess (r	P.O. Box Number is Not Acceptable)		
			83						
								····	
				84	City		FL	<b>65</b>   Zij	p Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the al	oove	named corpo	oratio	on submits this statement for the purpose of	f changing	its registered
office or re	egi <b>stered age</b> nt, or both, in the State c m <b>fam</b> iliar with, an <b>d a</b> ccept the obligat	on Fiorida. Such change was a sions of, Section 607.0505, Flo	rida Stat	a by ates	tne corporation	onst	board of directors. I hereby accept the app	omuneni a	as registered
SIGNATURE	,								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registere	d Ager	nt signature require	ed when	n reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		- 1	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TI	TLE				L Change	e 🛄 Addition
NAME	DIMAURO, ANTHONY P JR		1.2 N/	1.2 NAME					
STREET ADDRESS	6333 HEATHER COURT		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CI	1.4 CITY-ST-ZIP					
TITLE	8	☐ DELETE	2.1 TITLE		- 1			Change	e ∐ Addition
NAME	DIMAURO, JANICE M		2.2 N/	2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	BOYTON BEACH FL 33437		2.4 CITY-ST-ZIP		T-ZIP				
TITLE	☐ DELETE		3 1 T)	3 1 THTLE				☐ Change	: 🔲 Addition
NAME			3 2 N/	3 2 NAME					
STREET ADDRESS			3.3 S1	REET	address				
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE	☐ DELETE		4.1 TI	4.1 TITLE				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-S1	r-ZIP				
TITLE			5.1 11	5.1 TITLE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI						
TITLE	☐ DELETE			1 TITLE				Change	Addition
NAME			6.2 NA	ME				_	
STREET ADDRESS					ADDRESS				
United Paperiton			0.0 0						

14. 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 all attachment with an express.