

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtha
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10506 (8)

1. Corporation Name

DELTA PRINTING OF BROWARD, INC.

Principal Place of Business

8211 W BROWARD BLVD., SUITE 200
PLANTATION FL 33324

Mailing Address

8211 W BROWARD BLVD., SUITE 200
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1989

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0139963

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

2. Principal Place of Business

21 2832 STIRLING RD

Suite, Apt. #, etc.

2a. Mailing Address

26 2832 STIRLING RD

Suite, Apt. #, etc.

City & State

23 HALTWOOD, FL

Zip

Country

City & State

28 HALTWOOD, FL

Zip

Country

24 33020

25

29 33020

30

9. Name and Address of Current Registered Agent

KLISTON, TODD W.
8211 W BROWARD BLVD., SUITE 200
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

8211 W BROWARD BLVD

83

SUITE 375

84 City

PLANTATION

FL

85

Zip Code

33324

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
FISHBEIN, FRED
1001 NW. 101 WAY
PLANTATION FL

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

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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, with an attachment with my address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Fred Fishbein

4/27/95 921-0100

Daytime Phone #