FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 22 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41940** **(2)**

1. Corporation Name

METALFORMING EQUIPMENT, INC.

Principal Place of Business	Mailing Address
% LOREN E. STEPHENSON 4154 RUSSELL ST JUPITER FL 33469	% LOREN E. STEPHENSON 4154 RUSSELL ST JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0160036 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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	10. Name and Address of New Registered Agent
STEPHENSON, LOREN E. 4154 RUSSELL ST. JUPITER FL 33469	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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, LOREN E.	1 2 NAME	
STREET ADDRESS	4154 RUSSEL ST.	1 3 STREET ADDRESS	
CITY, ST, ZIP	JUPITER FL	1 4 CITY, ST, ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY, ST, ZIP		2 4 CITY, ST, ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Loren E. Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOREN E. STEPHENSON

5-19-95 Date
407-747-3078 Daytime Phone #

0273400 CP

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Secretary of State
Division of Corporations

APPROVED AND FILED

[illegible] 10: 15

[illegible] FLORIDA

DOCUMENT # **L42051** **(7)**

1. Corporate Name

PALM LAKES PRINTING, INC.

Principal Place of Business

1970 R NW 55TH AVENUE
BUILDING H
MARGATE FL 33063

Mailing Address

1970 R NW 55TH AVENUE
BUILDING H
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1990**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
22 Suite, Apt. # or Bldg.
23 City & State

2a. Mailing Address
26
27 Suite, Apt. # or Bldg.
28 City & State

4. FEI Number: **65-0134654** ☐ 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

24 25 29 30

8. This corporation has taken, or intends to take, advantage of the provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONDON, BRUCE
272 NW 77TH AVENUE
APT 202-D
MARGATE FL 33063

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 Section 607.1005 and/or 1508 Florida Statutes, the above-named corporation submits the 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: Bruce London Bruce London 4/11/95
(If changing Registered Agent, this must be signed by the new agent.) (If changing Registered Agent, type or print name of new agent.)

12. OFFICER AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
31 Title	D	41 Title	☐ Change ☒ Addition D
32 Name	LONDON, BRUCE	42 Name	ZACHER, CRAIG
33 Street Address	272 NW 77TH AVENUE	43 Street Address	860 SW 67TH AVE
34 City, St, Zip	MARGATE FL	44 City, St, Zip	N. Lauderdale, FL 33068
35 Title		45 Title	☐ Change ☐ Addition
36 Name		46 Name	
37 Street Address		47 Street Address	
38 City, St, Zip		48 City, St, Zip	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
41 Street Address		51 Street Address	
42 City, St, Zip		52 City, St, Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City, St, Zip		56 City, St, Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City, St, Zip		60 City, St, Zip	

14. I/We 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)(i), Florida Statutes. I/We further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my/our signature shall have the same legal effect as if made under oath; that I am an officer or a 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 (changed or added) above or on an attachment with an address.

SIGNATURE: Bruce London Bruce London 4/11/95 968-4537
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

Q426163 FP