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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # L73218 (4)A-1 SCREEN RITE, INC. Mailing Address Principal Place of Business % DAVID G. WROBLESKI 6875 W LONGBOW BEND % DAVID G. WROBLESKI 8875 W LONGBOW BEND DAVIE FL 33331-2953 DAVIE FL 33331 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1990 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0181210 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WROBLESKI, DAVID G. 6875 W LONGBOW BEND 62 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33331** 83 84 City Zip Code 85 FL 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 restained or polity in the State of Norida Statutes. The corporation's board of directors. Thereby accept the appointment as registered agent. It is fairly than 1900 and 1900 accept the appointment as registered agent. 1 6 SIGNATURE Laent and title diapproable (NOTL: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96 (96 (96) Change DELETE Addition TITLE 1.1 TITLE WROBLESKI, DAVID G E034 NAME 1.2 NAME **6875 WEST LONGBOW ROAD** STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THIE WROBLESKI, EMILY NAME 22 NAME **6875 WEST LONGBOW ROAD** STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addilion TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 1/11/6 NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - 2IP DELETE Change Addition time 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS TITY-ST-ZIP 5 4 CHTY-ST-ZIP DELETE Change Addition jiile 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP 6.4 CITY - ST - ZIP I do 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 angual 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 trustoe exhibitions the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or chapter attachment will an address. SIGNATURE: