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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:13

DOCUMENT # **M34310** **(6)**

1. Corporation Name
REVERE DISPLAY CO., INC.

Principal Place of Business	Mailing Address
% JEROME HALPERN 290 CHAMBER ROAD. STE. P-100 MIAMI FL 33169	% JEROME HALPERN 290 CHAMBER ROAD. STE. P-100 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 290 Chamber Rd.	2a. Mailing Address 26 290 Chamber Road
Suite, Apt. #, etc. 22 Suite P100	Suite, Apt. #, etc. 27 Suite P100
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33169 / 25	Zip / Country 29 33169 / 30

3. Date Incorporated or Qualified: 06/26/1986
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2688570 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALPERN, JEROME 290 CHAMBER ROAD, STE P-100 MIAMI FL	81 Name: MARK HALPERN 82 Street Address (P.O. Box Number is Not Acceptable): 9501 E. BROADVIEW DRIVE 83 84 City: BAY HARBOR ISLANDS, FL 85 Zip Code: 33154

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: Mark Halpern — Jan. 31, 1995
MARK HALPERN (Typed or printed name of agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	HALPERN, JEROME	1.2 NAME	LEE FREIDMAN	
STREET ADDRESS	290 CHAMBER RD, #P-100	1.3 STREET ADDRESS	1040 SECOND AVENUE	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	WINDENMERE, FL. 34786	
TITLE	VPD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	HALPERN, MARK	2.2 NAME	MARK HALPERN	
STREET ADDRESS	290 CHAMBER RD, #P-100	2.3 STREET ADDRESS	290 CHAMBER ROAD	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33169	
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)(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 an attachment with an address.

SIGNATURE: Mark Halpern — 1/31/95 — (305) 956-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK HALPERN

0104336 CP