

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90022 046 ***150.00

DOCUMENT # M57160

1. Corporation Name
DRAFTING INK, INC.

Principal Place of Business
5824A SWORDFISH CT
TAMARAC FL 33319-3212

Mailing Address
5824A SWORDFISH CT
TAMARAC FL 33319-3212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1987

4. FEI Number

65-0003895

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9606 NW 66 St.
Suite, Apt. #, etc.

2a. Mailing Address

26 9606 NW 66 St.
Suite, Apt. #, etc.

22 City & State

23 TAMARAC FL

24 33321 Country
25 USA

27 City & State

28 TAMARAC FL

29 33321 Country
30 USA

9. Name and Address of Current Registered Agent

SILVERMAN, LAURA
5824 SWORDFISH COURT
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name Laura Silverman
82 Street Address (P.O. Box Number is Not Acceptable)
9606 NW 66 St
83
84 City TAMARAC FL 85 Zip Code 33321

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SILVERMAN, LAURA
STREET ADDRESS 5824 SWORDFISH COURT
CITY-ST-ZIP TAMARAC FL

TITLE V ☐ DELETE

NAME SILVERMAN, JEFFREY J.
STREET ADDRESS 5824 SWOROFISH CT.
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS See new address above
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS See new address above
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 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 an attachment with an address, with all other like empowered.

SIGNATURE: Laura Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/1999 954-726-3904

0301791

CR2E034 (11/98)