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

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business

COOPER CITY FL 33026

2. Principal Place of Business

rafkin. Glen

3405 BRIDGE RD.

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69811

(1)

NOTEWORTHY FINE STATIONERS, INC.

Country

100 W CYPRESS CREEK RD., #700

FT LAUDERDALE FL 33309

9. Name and Address of Current Registered Agent

26

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29

Mailing Address
3405 BRIDGE RD.
COOPER CITY FL 33026

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Date Incorporated or Qualified 02/26/1988

65-0033740

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

JANIS S. RAFKIN

4. FEL Number

		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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1,1 TITLE		☐ Change ☐ Addition ♀
NAME	rafkin, janis s.	1.2 NAME		
STREET ADDRESS	3405 BRIDGE RD	1.3 STREE	T ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	1.4 CITY-	ST-ZIP	
TITLE	DELETE	2.1 TITLE		Change Addition C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREE	T ADDRESS	
CITY - ST - ZIP		2. 4 CITY-	-ST-ZIP	
TITLE	OELETE	3,1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	•	3.4. CITY -	ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME	į	
STREET ADDRESS		4.3 STREE	T ADDRESS	
CATY - ST - ZIP		4.4 CITY -	ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREE	T ADDRESS	
CATY - ST - ZIP		5.4 CITY -	ST-ZIP	
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREE	T ADDRESS	
CITY - ST - ZIP		6.4 CITY-		
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?				

Country

Name

30

CR2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes

Not Applicable