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

PROFIT CORPORATION ANNUAL REPORT

1999 DOCLIMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90133 005 ***150.00

1. Corporatio	INICINI # M6981	11			
NOTEW	ORTHY FINE STATIONERS	S, INC.			i sidil s idil sidil sidil sidil indi
Principal Plac	e of Business	Mailing Address			
3405 BRIDGE F	RD.	3405 BRIDGE RD.			
COOPER_CITY_	FL 33026		- ;-	DO NOT WRITE IN TH	IS SPACE
	-			3. Date incorporated or Qualifed	is stace
	<u> </u>			02/26/1988	
		2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0033740	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
_ City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
3	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country		Country	8. This corporation owes the current year	
4	25	29 30		Personal Property Tax.	Yes No
	9. Name and Address of Curr	rent Registered Agent	9d N	10. Name and Address of New Registere	a Agent
DAE	WIN CLEN		81 Name		
RAFKIN, GLEN 100 W CYPRESS CREEK RD., #700			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
				<u> </u>	
FIL	AUDERDALE FL 33309		83		
	v		84 City		85 Zip Code
			0.1,	F	
SIGNATURE	Signature, typed or printed name of registered		tered Agent signature required		
12.			13.	ADDITIONS/CHANGES TO OFFICERS	
TILE	P		.1 TITLE		☐ Change ☐ Additio
NAME	RAFKIN, JANIS S.	1	.2 NAME		
STREET ADORESS		1	.3 STREET ADDRESS		•
CITY-\$T-ZIP	COOPER CITY FL		.4 CITY-ST-ZIP		
TILE	1	☐ DELETE 2	2.1 TITLE		☐ Change ☐ Addition
IAME	, '	2	.2 NAME		
STREET ADDRESS		. 2	3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TILE		☐ DELETE 3	3.1 TITLE		☐ Change ☐ Addition
IAME		. 3	3.2 NAME		
STREET ADDRESS		3	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TLE		☐ DELETE 4	l.1 πfLE		☐ Change ☐ Addition
AME		4	, 2 NAME		
TREET ADDRESS		. 4	.3 STREET ADDRESS		
TY-ST-ZIP		4	I.4 CITY-ST-ZIP		
TITLE			i.1 TITLE		☐ Change ☐ Addition
NAME		5	5.2 NAME		
TREET ADDRESS		5	3.3 STREET ADDRESS		
:ITY-ST-ZIP	1	5	5.4 CFTY-ST-ZIP		
m c		□ DELETE 6	S.1 TITLE		☐ Change ☐ Additio

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

= ::::