FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000003314 (0)

1. Corporation Name

THE PROFESSIONAL DECAL APPLICATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O NATHAN FRANZBLAU 2202 NORTH MAIN STREET JACKSONVILLE FL 32206	C/O NATHAN FRANZBLAU 2202 NORTH MAIN STREET JACKSONVILLE FL 32206

3. Date Incorporated or Qualified **07/10/1995**	3a. Date of Last Report

2. Principal Place of Business **21**	2a. Mailing Address **26**	4. FEI Number **59-3341777**	Applied For Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	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
AKEL, DANIEL D 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City — FL — **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐DELETE NAME **MOORE, RON** STREET ADDRESS **104 BELL PARKWAY** CITY-ST-ZIP **WOODSTOCK GA 30188**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐Change ☐Addition
TITLE **PTD** ☐DELETE NAME **FRANZBLAU, NATHAN** STREET ADDRESS **2202 NORTH MAIN STREET** CITY-ST-ZIP **JACKSONVILLE FL 32206**	2.1 TITLE **D** 2.2 NAME **Filippone, Basil** 2.3 STREET ADDRESS **150 River Rd. Suite one** 2.4 CITY-ST-ZIP **Montville, N.J. 07045** ☐Change ☑Addition
TITLE **D** ☐DELETE NAME **CARTHEY, JOHN** STREET ADDRESS **3902 HIGH PINES** CITY-ST-ZIP **HOUSTON TX 77068**	3.1 TITLE ☐Change ☐Addition *Filippone, Basil* *this is an additional Director not a replacement or substitution*
TITLE **SD** ☐DELETE NAME **FORD, GREG** STREET ADDRESS **4373 LACOSA AVE.** CITY-ST-ZIP **FREMOUNT CA 94536**	
TITLE **D** ☐DELETE NAME **NELSON, TOM** STREET ADDRESS **8660 HIGHWAY 7 P.O. BOX 160** CITY-ST-ZIP **ST. BONIFACIUS MN 55375**	
TITLE **VD** ☐DELETE NAME **MCMULLEN, GENE** STREET ADDRESS **833 WOOSTER ROAD N.** CITY-ST-ZIP **BARBARTON OH 44203-1664**	*Nathan Franzblau*

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____   1/17/96   (904)354-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (12/95)