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Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000045425 (4)

1. Corporation Name
C & B WHOLESALE IMPRINTS, INC.



Principal Place of Business

4980 SW 52ND ST.
104
DAVIE FL 33314
US

Mailing Address

6100 HOLLYWOOD BLVD.
#427
HOLLYWOOD FL 33024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

65-0418615

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4980 SW 52nd St

27 Suite, Apt. #, etc.

28 Davie FL

29 33314 30 USA

9. Name and Address of Current Registered Agent

STANLEY, CHARLES L
6100 HOLLYWOOD BLVD.
#427
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name STANLEY, Charles L
82 Street Address (P.O. Box Number is Not Acceptable)
4980 SW 52nd St
83 Suite 104
84 City Davie FL 85 Zip Code 33314

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 PD
NAME STANLEY, CHARLES L
STREET ADDRESS 6100 HOLLYWOOD BLVD. #427
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Stanley, Charles
1.3 STREET ADDRESS 4980 SW 52nd St Suite 104
1.4 CITY-ST-ZIP Davie FL 33314

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE

Signature

2/2/98

65-0418615

CR2E034 (10/97)