FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19	96		DIVISION	DE CORPOR	ATIOI	VS 				
OOCUME	ENT # P94	000005	145 (5)						
LETTERS AND SPACES, INC.										
Principal Place of Business Mairing Address							I (##H### til thir) minit matis m)	4. 21161 man	
6635 COMMERC TAMARAC FL 33	. BLVD. 9									
							3. Date Incorporated or Qualifie 01/12/1994	a 3a. Date	of Last Re 5/01/199)5
, Principal Place	of Business	2a. Ma	2a. Mailing Address				4. FEI Number 65-0458961			pplied For lot Applicable
Suite, Apt. #, €	etc.		Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & State		Cit	y & State				Election Campaign Financing Trust Fund Contribution	U	Added	May Be to Fees
Zιρ	Country	├	Zip Country				Florida Statutes	ir intangible tax under s. 199 032, es. □ No		
25 29 g. Name and Address of Current Registe			30				10. Name and Address of New Registered Agent			
	C FL 33319					City		FL 85 Zip Code		
or registered familiar with	and accept the obligations	of, Section 607.056	5, Florida Stat	utes	,		ration submits this statement for the and of directors. Thereby accept the	DAN		
12.		ERS AND DIRECTO)RS	1:			ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition
ITLE	DST		DELETE		1 TITLE					
JAME STREET ADDRESS	KRATE, GENE 6635 COMMERCIAL E	BLVD.			2 NAME 3 STREE	T ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33319					ST-ZIP			Change	Add-tion
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LAME					2 NAME	l.				
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7015			DELETI		1 111	F			∪nange	: L Additio

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.2 NAME 5 3 STREET ADDRESS

6 1 Tille

6.2 NAME 6.3 STREET ACCRESS

5.4 CITY - ST - 7P

6 4 CITY - S1 - ZIP

SIGNATURE:

TOLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - 21P

DELETE

Change Addition