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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400005802 (1)

NATIONAL TABBING & BINDERS, CORP.

Principal Place of Business 1450 SOUTHWEST 3 STREET	
POMPANO BEACH FL 33069	

Mailing Address

1450 SOUTHWEST 3 STREET POMPANO REACH FL 33068-3215

## FILED Apr 24 1997 8:00am Secretary of State



POMPANO BEA	ICH FL 33069	POMPANO BEACH FL 33	069-3215		
				3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 09/09/1996
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 1480	SW 3 ST.	26 1480 JU	3 ST	65-0462522	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	Sec. 75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıpı	Country	Zφ	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent		10, Name and Address of New Re	gistered Agent
	uga, robert H. ) Sw 3rd street		81 Name		1-
STE			82 Street Add	dress (P.O. Box Number is Not Acceptab るいる。ろん。	18)
	IPANO BEACH FL 33069		83		
,	" ATO DESCRIPTE GOOD		Sun	DE C.II	
ı			84 City		FL 85 Zip Code
## Durantes	to the provinces of Sections 607.05	02 and 607 1509 Elorido Ctati	tor the above named on	reporation submite this statement for the n	urnoes of changing its registered
office or r agent. La	registered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida Such change was gations of, Section 607.0505, F	authorized by the corporatorida Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	it the appointment as registered
SIGNATURE	Signitive typed or printed name of registered a	gent and title if applicable (NC	OTE: Flogistered Agent signature req	uired when reinstaling)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THILE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAMI:	Deluga, Robert H		1.2 NAME		
STREET ADDRESS	1450 SOUTHWEST 3 STREET		1 3 STREET ADDRESS	1480 SW 3 ST., SUITT	E C·U
CITY SE-Zig	Pompano Beach FL		1.4 CITY-ST-ZIP	1	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C(1Y - S12IP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
City - St - 7iP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City-St-7.P			5.4 City+St-Zip		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
Carr Gr Kn	L				

14. I do hereby certify that the information supplied with this filling 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 shanged, or organ attactment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

ER OF DIRECTOR

ROBERTH. DELUGA HIM

Daytime Phone #