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

Mailing Address

2a. Mailing Address

POMPANO BEACH FL 33069

1480 SW 3 ST

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400005802

1. Corporation Name

Principal Place of Business

POMPANO BEACH FL 33069

2. Principal Place of Business

1480 SW 3 ST

NATIONAL TABBING & BINDERS, CORP.

1		26			65-0462522	Not Applicable	
Suite, Apt.					5. Certifcate of Status Desired		Additional equired
City & Stat					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip (30)				This corporation owes the current year     Personal Property Tax.	ntangible Ves	⊠No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
<del></del>			81	Name		•	
	uga, robert H.		82	Stroat Add	ress (P.O. Box Number is Not Acceptable)		
	D SW 3 ST		02	Sileet Addi	less (F.O. Box Number is Not Acceptable)		
Sun	TE C-11		83				
POMPANO BEACH FL 33069				<u> </u>			
			84	City	F	85 Zip	Code
44 Dureuget	to the provisions of Sections 607 050	2 and 607 1608 Florida Statut	es the above	e-named com	poration submits this statement for the purpose		registered
agent. I a SIGNATURE	am familiar with, and accept the obligat		_		id when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	DELUGA, ROBERT H		1.2 NAME				
STREET ADDRESS	LAGO ONLO OF CHITE OLI		1.3 STREE	TADDRESS		•	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-S	T-7IP			
rme	1 0 111 111 0 0 10 10 10 1	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	ł			
STREET ADDRESS	1			TADDRESS			
CITY-ST-ZIP			2.4 CITY-S				
IIILE	☐ DELETE		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	1		3.4. CITY-S				
FITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
VAME			4.2 NAME				
STREET ADDRESS			1	TADDRESS			
DITY-ST-ZIP			4.4 CITY-S	1			
TITLE		☐ DELETE	5.1 TITLE	·	······································	Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREE	T ADDRESS			
DITY-ST-ZIP	1		5.4 CITY-S	T-ZIP			
лит-эл-де — ППLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	l	_	6.2 NAME				
				TADDRESS			
STREET ADDRESS C:T:/ ST-ZIP							
			6.4 CITY-S	1-712			

indicated on this annual report or supplied with this ming over not quality for indicated on this annual report or supplied 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 attastment with an address, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90010 007 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

01/25/1994 4. FEI Number