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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNU	1996	7 9	ry of State CORPORATIONS				
DOCU	MENT # P940 0	00028001 (3	3)				
1. Corporation B & I	e Custom silk screenin	•	•				
Principal Place			- 1 140111101 110 14111 01011 00111 0	HAR BONK BEND NOON IS	if Ooth Oolor Head 1981		
4566 CAR/ COCONUT	CLE SOUTH 33066						
					3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last 05/01	
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0486102	***	Not Applicable
22		27			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State)	City & State			6. Election Campaign Financing	\$5	.00 May Be
Zip	Country	<i>Z</i> _I p	Country		Trust Fund Contribution 8. This corporation has liability for it	Ad	ded to Fees
24	25	29	30		Florida Statutes 🗹 Yes	□ No	\$ 199.032,
	9. Name and Address of Current	Hegistered Agent	81 Nam		10. Name and Address of New R	egistered Agent	
BOLTO	ON, JEFFREY A	threy Bolton					
C/O DASZKAL BOLTON MANELA PA 730 1-A WEST PALMETTO APRK ROAD \$204					Irass (P.O. Boy Nimber is Not Acceptable)		
					UL D. Land DK 1	A C H	200
BOCA RATON FL 33433					w. Primerio 1/2-1	<u></u> 85	Zip Code
11. Pursuant to	o the provisions of Sections 607 0502	and 60 1608 Porida Statutes	, the above-named	corporal	ion submits this statement for the purp	PL /	33 W 8-3
or registere familiar wit	o the provisions of Sections 607/0502 ed agent, or both in the State of Florid h, and accept the obligations of Section	a/Such charige was authorized or 507.0506, 4 6/ida Statutes.	by the corporation	's board	of directors. I hereby accept the appo	pintment as register	ad agent. I am
SIGNATURE	J X D				2-	-96	
12.	OFFICERS AND		Registered Agent signatur	e required w	ther reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	CORS IN 12
TITLE	D	DELETE	1. 1 1ITLE	T		☐ Change	
NAME	STONE, EDWARD M	NO. EL	1.2 NAME				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS City-St-Zip	4566 CARAMBOLA CIRCLE : COCONUT CREEK FL	South	1.3 STREET ADDRESS	S			Ď
TITLE	OCCONOT CHEEK TE	DELETE	1.4 City - St - ZiP 2 1 Title	 -		Change	Addition
NAME		_	2.2 NAME			[_] One ign	, C Macricial
STREET ADDRESS			2 3 STREET ADDRESS	3			
CI'Y-ST-ZIP		E3 Driete	24 CITY-ST-ZIP				
TITLE NAME		☐ DELETE	3 1 TITLE	1		☐ Change	Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP	Ĭ			
TITLE		DELETE	4. 1 TITLE	-		Change	Addition
NAME STOSET LODGES			4.2 NAME				
STREET ADDRESS			4.9 STREET ADDRESS	i			ĺ
CITY - S1 - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5. 1 TITLE				Addition
NAME			5.2 NAME			Change	: Addition
STREET ADDRESS			5.3 STREET ADDRESS				ł
CITY-S1-ZIP			54 CITY-ST-ZIP				
TRILE		☐ DEFEIE	6 1 TITLE			Change	Addition
NAME STREET ADORESS			62 NAME				

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 cath; that I am an officer on 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 Florida Statutes; and that my name SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY - ST - ZIP

SIGNATURE:

(954)978-8591