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 # P94000028001 (3)

B & E CUSTOM SILK SCREENING, INC.

Principal Place of Business Mailing Address 4586 CARAMBOLA CIRCLE SOUTH 4566 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066 COCONUT CREEK FL 33066-2913 3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1994 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0486102 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired \Box Fee Required 27 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Zιp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 25 29 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JEFFREY BOLTON BOLTON C/O PASZKEL BATON MANBLA 82 240 W. PALMETTO PK RD. SUITE 300 83 **BOGA RATON FL 33433** inetto PK Rd. 64 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, Significant forms of the statutes. SIGNATURE Signature, typing or professionant of NOTE: Registered Agent signature required when reinstating) 96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICEUS AND DIRECTORS 13. DELETE Change TITLE 1 1 TITLE STONE, EDWARD M NAME 1.2 NAME CR2E034 4566 CARAMBOLA CIRCLE SOUTH 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITUE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST-7(P DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS

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 options 13 if changed, or on an attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

4:4 CITY - ST - ZIP

41 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

CHTY - ST

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-20

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(954)978-8591

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 29 1997 8:00am

Secretary of State