FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052023 (6)

1. Corporate Name
HERALDIC CAPS, INC.

Principal Place of Business
1424 NE 26 ST
WILTON MANORS FL 33305

Mailing Address
1424 NE 26 ST
WILTON MANORS FL 33305

Certificate will be issued in this space

3. Date Incorporation or Qualified: 07/11/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or P.O.
22

Suite, Apt. # or P.O.
27

City
23

City & State
28

24 25 29 30

4. FEI Number: 65-0512033

Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has elected to be governed by Section 607.0901 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

GIRNUN, MORRIS A
1424 NE 26 ST
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

81 Name: ADRIENNE FREEBARN

82 Street Address: P.O. Box Number is Not Acceptable

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE: [signature] 4/4/95
Registered Agent signature required for filing

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

[ ] Change [X] Addition
PVS
FREEBARN ADRIENNE
1424 NE 26 ST
WILTON MANORS FL 33305

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurate and that I am qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature below constitutes my affirmation under the penalties of perjury that I am an officer or director of the corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the corporate annual report with my title.

SIGNATURE: [signature] 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0240730 CP