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

FILED
95 JUL 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081883 (8)**

1. Corporation Name

LAMINATED PRINTER TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY BOCA RATON FL 33431	4800 N FEDERAL HWY BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994 | 3a. Date of Last Report:

21 2. Principal Place of Business: 6251 PARK of COMMERCE BLVD	26 2a. Mailing Address: 6251 PARK of COMMERCE BLVD
22 Suite, Apt. #, etc.: BUILDING C	27 Suite, Apt. #, etc.: BUILDING C
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FL
24 Zip: 33487 25 County: PALM BEACH	29 Zip: 33487 30 County: PALM BEACH

4. FEI Number: 65-0537560 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAPLIN, NORMAN E 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	FABEL, WARREN	12 NAME		
STREET ADDRESS	~~4800 N FEDERAL HWY~~	13 STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/S/T	☒ Change ☐ Addition
NAME	FABEL, KAREN	22 NAME		
STREET ADDRESS	~~4800 N FEDERAL HWY~~	23 STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP	BOCA RATON FL 33431	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] 05/04/95 407 995-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WARREN FABEL, PRESIDENT

0298072 CP