

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007372 (2)

1. Corporation Name

SKARCO PRESS, INC.



Principal Place of Business

3195 NO. POWERLINE ROAD STE. 106A
POMPANO BEACH FL 33069

Mailing Address

3195 NO. POWERLINE ROAD STE. 106A
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, GAYLE
200 E. LAS OLAS BLVD. STE. 1900
FORT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME *PRESIDENT*

1.2 NAME

STREET ADDRESS *SANFORD LECHNER*

1.3 STREET ADDRESS

CITY-ST-ZIP *9441 S.W. 13TH STREET*

1.4 CITY-ST-ZIP

PLANTATION, FL 33522

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME *CFO*

2.2 NAME

STREET ADDRESS *KIM M. MYRICK*

2.3 STREET ADDRESS

CITY-ST-ZIP *1100 S. OCEAN BLVD., #46*

2.4 CITY-ST-ZIP

DELRAY BEACH, FL 33517

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME *DIRECTOR*

3.2 NAME

STREET ADDRESS *BRIAN LECHNER*

3.3 STREET ADDRESS

CITY-ST-ZIP *5501 N. MILITARY TR # 109A*

3.4 CITY-ST-ZIP

BOCA RATON FL 33496

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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)(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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x5-3

8009849640

Date

Daytime Phone #

CR2E034 (12/95)