

**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 # P95000033354 (8)**

1. Corporation Name

**BINDING PRODUCTS, INC.**



Principal Place of Business  
**110 LINDAY DRIVE  
PALM COAST FL**

Mailing Address  
**110 LINDAY DRIVE  
PALM COAST FL**

3. Date Incorporated or Qualified <b>04/28/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3313421</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25 Country	30

**9. Name and Address of Current Registered Agent**

**SCHECTER, RANDAL L  
1030 W. INTERNATIONAL SPEEDWAY BLVD.  
SUITE 210  
DAYTONA BEACH FL 32114-3415**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 new registered agent and that of principal officer. Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	MACKE, THOMAS F.		
13 STREET ADDRESS	110 LINDAY DRIVE		
14 CITY - ST - ZIP	PALM COAST, FL 32137		
21 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	MACKE, THOMAS F.		
23 STREET ADDRESS	110 LINDAY DRIVE		
24 CITY - ST - ZIP	PALM COAST, FL 32137		
31 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	MACKE, THOMAS F.		
33 STREET ADDRESS	110 LINDAY DRIVE		
34 CITY - ST - ZIP	PALM COAST, FL 32137		
41 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME	MACKE, SARA A.		
43 STREET ADDRESS	110 LINDAY DRIVE		
44 CITY - ST - ZIP	PALM COAST, FL 32137		
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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)(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, changed, or on an attachment with an address.

**SIGNATURE:** *Thomas F. Macke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-96**  
Date Daytime Phone #

CR2E034 (12/95)