FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Mar 09 1998 8:00am

	JAL REPORT	Secretary DIVISION OF CO		Secretary of State
DOCUMENT # P9500036443 (6) 1. Corporation Name A WRAP IT ALL, INC.				
Principal Plac	e of Business	Mailing Address		
2608-3 NORTH OCEAN BOULEVARD 2608-3 NORTH OCEAN BO POMPANO BEACH FL 33062 POMPANO BEACH FL 330				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/09/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 341	2 SPRING ST		AS 2	65-0577173 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5 Cartificate of Status Desired Status Desired \$8.75 Additional
	ST	SAMC	AS 2	Fee Required
	ANO BLA FL	City & State 28 SAME	AS 2	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 330	COUNTRY US A	29 SAME AS 2 3	Country SAMCA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 /	g. Name and Address of Currer		377771	10. Name and Address of New Registered Agent
G	ETCHELL, JUNE		81 Name	
2	808-3 NORTH OCEAN BOULEVA	ARD	82 Street	Address (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33062				
			83	
			84 City	85 Zip Code
41 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above-named	corneration submits this statement for the nurrose of changing its registered
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 Jamuar with, and accept the appointment as registered agent. I am Jamuar with, and accept the appointment of Section 607.0505, Florida Statutes.				
	111-0 110	alions or, socion 607,0303, Fion	ua siaiules.	2/20/98
SIGNATURE	Signature by ped or product name of registered age	ent and tille it applicable (NOTE.1	Ficig stered Agent signature	required when reinstaling) DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICIAL HINE	☐ DELETE	1.1 TITLE	Change Addition
NAME	GETCHELL, JUNE 2608-3 NORTH OCEAN BO	I II EWADD	1.2 NAME	3412 SPRING ST EAST
STREET ADDRESS	POMPANO BEACH FL 3306		1.3 STREET ADDRESS	POMPANO BUH FL. 33062
CITY-ST-ZIP TITLE	ארי ייטווי אוני טבאסורי בייטווי אוני	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	VICE PRESIDENT Change Addition
NAME	. "		2.2 NAME	ROBERT A. GOTCHELL
STREET ADDRESS			23 STREET ADDRESS	3412 SPRING ST EAST
CITY-ST-ZIP			2.4 CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			4. 2 NAME	C. Olango C. Poullon
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME OTOTET ADDRESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP	

r nereby certify that the information supplied with this filing 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 suppliemental 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 changes.