

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90092 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000039363**

1. Corporation Name  
**ACCURATE FOIL STAMPING, INC.**

Principal Place of Business  
**% MANELL & KLAPHOLZ**  
**2500 HOLLYWOOD BLVD. STE 212**  
**HOLLYWOOD FL 33020**  
**US**

Mailing Address  
**% MANELL & KLAPHOLZ**  
**2500 HOLLYWOOD BLVD. STE 212**  
**HOLLYWOOD FL 33020**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/18/1995**

4. FEI Number  
**65-0589280**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ 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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANELLA, ROSS H.**  
**2500 HOLLYWOOD BLVD**  
**STE 212**  
**HOLLYWOOD FL 33020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**HOLLYWOOD**

**FL**

85 Zip Code  
**33020**

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

**ROSS MANELLA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE **VD** ☐ DELETE  
NAME **CHEASLEY, NANCY J**  
STREET ADDRESS **6720 NW 20TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition  
**Fort Lauderdale, FL. 33309**

TITLE **PSTD** ☐ DELETE  
NAME **CHEASLEY, THOMAS R**  
STREET ADDRESS **6720 NW 20TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition  
**Fort Lauderdale, FL. 33309**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

**7 SIGNATURE REQUIRED**  
**Cheasley Pres 4/27/99/ 954 9253355**

CR2E034 (1/98)