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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000045316 (3)

1. Corporation Name
TRIMLINE FLEET GRAPHICS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2755 W. 81ST ST. HIALEAH FL 33016	2755 W. 81ST ST. HIALEAH FL 33016-2733

3. Date Incorporated or Qualified: 06/06/1995	3a. Date of Last Report: 01/24/1996
4. FEI Number: 65-0595932	☐ 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	

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

9. Name and Address of Current Registered Agent

HULAN, RANDELL V
4160 N.E. 12TH AVE.
POMPANO BEACH FL 33046

10. Name and Address of New Registered Agent

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	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	HULAN, RANDELL V		1.2 NAME	Ivan M. Hulan	
STREET ADDRESS	4160 N.E. 12TH AVE.		1.3 STREET ADDRESS	4160 NE 12th Ave.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Bch, FL.	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HULAN, JEFFREY		2.2 NAME		
STREET ADDRESS	P.O. BOX 16 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERTS NEWFOUNDLAND CAN		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HULAN, RICHARD		3.2 NAME		
STREET ADDRESS	P.O. BOX 27 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERTS NFLD CND.		3.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [illegible] 4/30/97 (305) [illegible]