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

PROFIT **CORPORATION** ANNUAL REPORT

1998

NAME

STREET ADDRESS

COTY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065027 (1)

PRINTING & STATIONERY DEPOT. INC.

Principal Place of Business Mailing Address 19410 NW 4TH COURT 19410 NW 4TH COURT PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SAME 65-0612526 19410 NW 4 Ct Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33029 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHIM, MICHAEL **19410 NW 4TH COURT** 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 63 84 City 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 507,0505 Florida Statutes. TICHAEL quired when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE SHIM, MICHAEL NAME 1.2 NAME **19410 NW 4TH COURT** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE Change 21 TITLE SHIM, KATHLEEN NAME 22 NAME 19410 NW 4TH COURT STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP ☐ DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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, from an attachment with an address. SIGNATURE.

FILED

Apr 30 1998 8:00am

Secretary of State

436-9657