

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066953 (7)

1. Corporation Name

JENNELLE LITHO, INC.



Principal Place of Business

4077 NW 81ST TERR
CORAL SPRINGS FL 33065

Mailing Address

4077 NW 81ST TERR
CORAL SPRINGS FL 33065

2. Principal Place of Business

21 8253 W. SUNRISE BLVD

Suite, Apt. #, etc.

22

City & State
PLANTATION FL

Zip

23 33322

Country

25 BROWARD

2a. Mailing Address

26 8253 W. SUNRISE BLVD

Suite, Apt. #, etc.

27

City & State
PLANTATION FL

Zip

29 33322

Country

30 BROWARD

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

4. FEI Number

65-0603783

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 ☐

10. Name and Address of New Registered Agent

81 Name

JOEL M. ROSEN

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

8253 W. SUNRISE BLVD.

83

84 City

PLANTATION

FL

85 Zip Code

33322

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 of duly printed name of registered agent and title in parentheses.

(NOTE: Registered Agent Signature Required when new change)

2/24/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSEN, JOEL
STREET ADDRESS 4077 NW 81ST TERR
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500001759525
-03/27/96--01057--023
***200.00

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96 (94) 4B0033

CR2E034 (12/95)