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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070669 (3)

CUSTOM PLAQUES, INCORPORATED

00010	MI I ENGOLO, MOOM ON	NED.			
Principal Place	e of Business	Mailing Address		- 1 00 Billia Die com a com antier abeite Baite Baite Baite Baite Blick Brita brita inter ender	
6209 N 50TH	ST	5805 N 50TH ST			
STE #E 33		TAMPA FL 33610		OO NOT WINTE IN THIS OFFICE	
TAMPA FL 33	6 10			DO NOT WRITE IN THIS SPACE	
US				Date Incorporated or Qualified 09/13/1995	
2. Principal Pi	ace of Business	2a. Mailing Address		4, FEI Number Applied For	
21	-	26		65-0614091 Not Applica	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	Ð	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
	L DUS , GARY		81 Name		
	05 N 50TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33610				
			63		
			84 City	■■ 85 Zip Code	
11, Pursuant I	to the provisions of Sections 607.05	502 and 607.1508, Flori da Stat u te of Florida, Such cha nc e was	ites, the above-named cor authorized by the corpor:	propration submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	∌d •
agent 1 at	m familiar with, and accept the obli	gations of, Section 607.0505, F	Torida Statutes	anono obalia oi gilioticia. I horoby abbopi are appointment ab regionolo	
SIGNATURE					
	Signature, typed or printed name of region red a		i1E: Registered Agent signature req		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NP DUE DOOFF	☐ DELETE	1.5 TITLE	Change Addit	מטו
NAME	BALDUS, ROGER		1.2 NAME		
STREET ADDRESS	5805 N 50TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 City-St-ZiP		
TITLE	ANDIO CIANA	DELETE	21 TITLE	Change	ion
NAME	BALDUS, SHAWN		2 2 NAME		
STREET ADDRESS	8700 N 50TH ST #725		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2, 4 CITY-ST-ZIP		
TITLE	8	L] DELETE	3.1 TITLE	Change Addit	on
NAME	BALDUS, BONNIE		3.2 NAME		
STREET ADDRESS	5805 N 50TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		3.4. CITY-ST-ZIP		
TITLE		☐ DEL é te	4.1 TITLE	∟ Change ∟ Addit	ion
NAME			. 4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		
TITLE		☐ DELETE	5.1 TITLE	Change Addit	ion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	: :	☐ DELETE	6.1 TITLE	Change Addii	on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 supplied in the content of the receiver of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changet, or fair in altactivity by with an appears in

FILED

May 19 1998 8:00am

Secretary of State