PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

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05-03-1999 90070 025 ***150.00

DOCU	MENT # P95000	070669			7						
1. Corporation Name CUSTOM PLAQUES, INCORPORATED											
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		Mailing Address				1 	AN GAN SAN S			1))))	
Principal Place											
6209 N 50TH ST S605 N 50TH ST STE #E 33 TAMPA FL 33610					-						
TAMPA FL 33810					Ĺ	DO NOT WRITE IN THIS SPACE					
บร						3. Date incorporated	or Qualifed	I			l
					•	09/13/1995				plied For	l
2. Principal Place of Business 2a. Mailing Address			· ·			4. FEI Number 65-0614091_				Applicable	l
26 28									\$8.75 A		l
22) 27				5. Certifcate of Status Des				esired Fee Required			
City & State City & State				6. Election Campaign Financi							
23	28					Trust Fund Contribution Added to Fees					ĺ
Zip				у		8, This corporation owes the current year Intangible Personal Property Tax.					l
24	9. Name and Address of Current	<u> </u>	<u>•)</u>			10. Name and Addre	as of New	Registered			l
	or reprine that received or warrant		8	Name			,				l
BALDUS, GARY			B:	2 Street	Addroce	Address (P.O. Box Number is Not Acceptable)					l
5805 N 50TH ST				Substitutions (F.O. Bux Hullings to Hot Acceptation)						l	
TAM	PA FL 33610		8:	3							l
			84	84 City 85 Zip				ode	Į		
			<u> </u>			in a sub-ula dala negara	ement for the	FL	changing its	registered	,
11. Pürsuant i	to the provisions of Sections 607.0502 agistered agent/or both, in the State of a familiar with and accept the phogati	and 607.1508, Florida Statutes [Florida, Such ehange was aut	ne abor	the corp	corporation's	board of directors.	hereby acce	pt the appoi	intment as reg	pistered	!
agent. I ai	n familiar with and accept the photoeto	ine of, Sectilin 607.0905, Florid	la Statute	S.				16	20-9	79	in .
SIGNATURE	Signature, yest of privide name of registered agent	and title if applicable. (NOTE: R	egistered Ag	ent signature :	required who	en reinstating)		DATE			6
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHAN	GES TO OF	FIČERS A		RS IN 12	(11/98)
TITLE	VP U	(P DELETE	1,1 TITLE			sideut			Change	Addition	- -
NAME	BALDUS, ROGER			1.2 NAME G		BALDUS N. 507	n 5/.				CR2E034
STREET ADDRESS			_		5.80	-A-1 1A	2.3	3(-11)			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP 2.1 TITLE		THE PT	<u> </u>	<u> </u>	Change	☐ Addition	ပြ
NAME	BALDUS, SHAWN	22 N		:						ł	ĺ
STREET ADDRESS	8700 N 50TH ST #725		2.3 STREET ADDRESS				•			,	į
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP							·	
πιε	Pr		3.1 TITLE			- ,		· •-	☐ Change	Addition -	ſ
NAME	BALDUS, BONNIE		3.2 NAME								ł
STREET ADORESS	5805 N 50TH ST			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		-					l
CITY-ST-ZIP	1701117171200010		3.4. CITY						Change	Addition	İ
TITLE			4.1 IIILE						- •		l
STREET ADDRESS				- Et address				•		ŀ	ĺ
CITY-ST-ZIP			44 CITY-			·					l
TITLE		☐ DELETE 5.11							Change	Addition	ı
NAME		•	5.2 NAME					•	•		!
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE	5.4 City-ST-ZIP			 		☐ Change	☐ Addition	Į
TITLE		☐ DELETE	6.2 NAME						الما الما الما		i
NAME CTREET ADODGES	:		1	ET ADDRESS		•				ļ	i
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-								i
	,					ion 119.07(3)(i). Flori	4- 04-4-4	1.6.4	4'6 45 - 1 15 - 1	. Committee	

. I hereby certify thet the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I higher certify that the innormation indicated on this annual report or suppliemental 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 trusted 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 for on an appear of the corporation of the corporati

SIGNATURE

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-20-99

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