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

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # P95000093589 (6) PRINT THIS, INC. Principal Place of Business Mailing Address 896 SPRING CIR #207 6770 LANTANA ROAD DEERFIELD BEACH FL 33441 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0640479 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Zip Country Country 8. This corporation owes or has paid the current lear Intangible ☐ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Weinberg, Steven A SECOND FLOOR 8000 PETERS RD 82 **PLANTATION FL 33324** 83 3344 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named control 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 unitiar with, and accept the obligations of, Section 607.0505, Florida Statutes. iame of registareo agent and title il applicable (NOTE Registered Agent signature required when roinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE NAME KOZIARA, HOWARD 1.2 NAME 896 SPRING CIR #207 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE GANGI, ROBERT 2.2 NAME NAME **6770 LANTANA ROAD** STREET ADDRESS 2.3 STREET ADDRESS lake worth fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-SI-ZIP DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAMI 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 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 changer, or on an attachment with an address.

SIGNATURE

NAME

STREET ADDRESS CITY-ST-ZIP

HOWARD KOZIARA

63 STREET ADORESS

6.2 NAME

4-30-98 (561)642-6633