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 # P95000095288 (3)

SHARONA SCREEN PRINTING, INC.

FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- [0]		1): 3 331 0 13 0 31 10	
5937 H RAVENSWOOD ROAD 5937 H RAVENSWOOD ROAFT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312											
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 12/13/1995			
2. Principal F	Place of Busine	SS	2a. Ma	2a. Mailing Address				4. FEI Number		A	pplied For
21		26					65-0637423			ot Applicable	
Suite, Apt.		27					5. Certificate of Status Desired			Additional equired	
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Zij	Zip Cou		untry		8. This corporation owes or has paid the current year intangible			
24 25			29					Personal Property Tax due June 30. Yes No			
		nd Address of Curre	nt Registere	10. Name and Address of New Re	gistered	Agent					
KOUTSODONTIS, SYLVIA 4111 RAVENSWOOD ROAD						81	Name				ŀ
				82	Street Addre	ss (P.O. Box Number is Not Accepta	ole)				
FT LAUDERDALE FL 33312						83			····	**	
						84	City			85 Zip	Code
44 5				ISON Elected District					FL		
I office or i	registered ager	ns of Sections 607.05 nt, or both, in the Stat , and accept the obli	e of Florida	Such change was a	authorize	a bv	the corporation	ration submits this statement for the pon's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE		·- :									
Signature, typed or printed name of registreed agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS						Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	9S IN 12
TITLE	PD	OFFICEFIOA	TO DITEOTO	DELETE	1.1 Ti	TL F		ADDITIONO/OFIANGED TO OFFI	JEIIO AITE	Change	Addition
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STREET ADORESS	5937 H R	\D				ADDRESS				į	
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NAME	KACKLE,	DORIS			2.2 N/	AME				_	
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NAME]				3.2 N	ME					
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CITY-ST-ZIP	<u></u>				3.4. C	TY-S	T-ZIP				
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NAME					4.2 N	AME					
STREET ADDRESS	·				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>				4.4 CI	TY-S	T-ZIP				
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NAME					5.2 NA	ME					
STREET ADDRESS					5.3 ST	REET .	ADDRESS				
CITY-ST-ZIP	<u> </u>			Dec. 200	5.4 CI		r-zip	• •		<u> </u>	
TITLE				☐ DELETE	6.1 Til					Change	L. Addition
NAME					6.2 NA	ME					
STREET ADDRESS					6.3 ST	REET	ADDRESS				ŀ
CITY-ST-ZIP	portifu that the	oformation or madical	with this tilies	doop not musils : 1-	6.4 CI			nation 110 07/2\(ii) Elected Statuton I	fuether e-	rtifu than the	information

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an era it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental officer or director of the corporation on the rechiblock 12 or Block 13 if changed, or ortal attack

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