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Apr 24 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000095546 (4)

1. Corporation Name
ALLWAYZ ENGRAVING, INC.



Principal Place of Business: ~~1000 COUNTRY CLUB DRIVE, UNIT 303, MARGATE FL 33063~~
6094 NW 75 COURT
Parkland FL 33067

Mailing Address: ~~1000 COUNTRY CLUB DRIVE, UNIT 303, MARGATE FL 33063~~
6094 NW 75 COURT
Parkland FL 33067

3. Date Incorporated or Qualified: 01/01/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0678255
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business: 21 [Blank]
2a. Mailing Address: 26 [Blank]
22 Suite, Apt. #, etc.: 27 [Blank]
23 City & State: 28 [Blank]
24 Zip: 25 [Blank], Country: 29 [Blank], Zip: 30 [Blank], Country: 30 [Blank]

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: RONA BROFERMAKER
82 Street Address (P.O. Box Number, is Not Acceptable): 6094 NW 75 ST
83 [Blank]
84 City: Parkland, FL 85 Zip Code: 33067

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: Rona Brofermaker, Rona Brofermaker, DATE: 4-15-97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BROFERMAKER, CHAD M	
STREET ADDRESS	1000 COUNTRY CLUB DRIVE, UNIT 303	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BROFERMAKER, RONA	
STREET ADDRESS	1000 COUNTRY CLUB DRIVE, UNIT 303	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 included 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 changed, or on an attachment with an address.
SIGNATURE: Rona Brofermaker, Rona Brofermaker, DATE: 4-15-97, Daytime Phone #: 954 346-0617

CR2E034 (9/96)