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FILED

Feb 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 # P96000005962 (1)

1. Corporation Name
DISPLAYFULLY YOURS, INC.



Principal Place of Business

% SAUL MELTZER
15944 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484-9124

Mailing Address

% SAUL MELTZER
15944 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484-9124

3. Date Incorporated or Qualified
01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0636464

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, EUGENE
7770 W OAKLAND PARK BLVD
SUITE 470
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name SHIRLEY R. MELTZER
82 Street Address (P.O. Box Number is Not Acceptable)
15944 FORSYTHIA CIRCLE
83
84 City DELRAY BEACH FL 85 Zip Code 33484

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 *Shirley R. Meltzer* SHIRLEY R. MELTZER 2-18-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SHIRLEY R. MELTZER	
STREET ADDRESS	15944 FORSYTHIA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	GARY MINTZ	
STREET ADDRESS	460 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	T-S	<input checked="" type="checkbox"/> DELETE
NAME	DIANE RAIKEN	
STREET ADDRESS	2666 N. DIXIE HWY	
CITY-ST-ZIP	WILTON MANORS, FL 33324	
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

1.1 TITLE	PRESIDENT-V-T-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHIRLEY R. MELTZER	
1.3 STREET ADDRESS	15944 FORSYTHIA CIRCLE	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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 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 changed, or on an attachment with an address.

SIGNATURE: *Shirley R. Meltzer* SHIRLEY R. MELTZER 2/18/97 561 498 9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)