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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025475 (0)

STOCK INK, INC.

Principal Place of Business

SIGNATURE:

3700 NORTHWEST 124TH AVENUE. SUITE 131 3700 NORTHWEST 124' CORAL SPRINGS FL 33085 CORAL SPRINGS FL 33								
					l l	Incorporated or Qualified	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address			4 FELN	lumber		pplied For
21		26			<u> </u>	5-0654090		lot Applicable
Suite, Apt.	#, etc.	·····	, Apt. #, etc.		5, Certif	icate of Status Desired	1 1 7	Additional
22		27	G. Canan					Required
City & State	e e e e e e e e e e e e e e e e e e e		& State			ion Campaign Financing) May Be I to Fees
23 Zip	Country	28 Zip		Country		Fund Contribution corporation has liability for		
24	25	29		30	- F		Yes XI No	5. 155.002,
	9. Name and Address of Currer	~	Agent	1007		e and Address of New Re		7.1.1
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name 82 Street	DTUART	LEEMAN ox Number is Not Acceptate	<u>ja)</u>		
					114e #	131		
				84 City	- 	rings		Code 3065
11. Pursuant	to the provisions of Sections 607.050	02 and 607 150	08, Florida Statut	es, the above-named	orporation subr	mits this statement for the p	ourpose of changing	its registered
agent La	egiptered agent, or both in the State m laciliar with, and accept the oblig	ations of Sect	tion 607.0505, Fk	orida Statutes.	Janor 3 Dodro	or alloctors. Thereby door,	10/00	a registered
SIGNATURE		ian					1/8/97	
	Signal and control of the griend ago. OFFICERS AN	nt and little (applic	·····	E. Rag stered Agent signature 13.		(10) (IONS/CHANGES TO OFFIC	DATE PERS AND DIRECTO	DC IN 12
12.	PSTD	D DINECTOR.	DELETE	1 1 TITLE	AUUII	IONS/CHANGES TO OFFIC	Change	
NAME I	LEEMAN, STUART			1.2 NAME				
STREET ADDRESS	3700 NORTHWEST 124TH AV	enue, suite	= 131	13 STREET ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL 33065			1.4 CITY - ST - ZIP				
TITLE			DELETE	21 TITLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2 3 STREET ADDRESS				
City-St-7.P				2 4 CITY - ST - ZIP				
TITLE			DELETE	3 1 TITLE	* **		☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CiTY-ST-ZP				3.4. CITY - ST - ZIP				
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADORESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				44 CITY-ST-ZIP				
TITLE			DELETE	51 TITLE			Change	Addition
NAMÉ				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS				
CHY-SI-ZIP				5.4 CITY-ST-ZIP			······	
TITLE	i e		DELETE	6.1 TITL€			Change	Addition Addition
NAMé				6.2 NAME				
STREET ADDRESS				6.3 STREET ADDRESS			•	
DiTY-S1-ZIP				6.4 CITY+ ST- ZIP				
informatic Lam an o	by certify that the information supplic or indicated on this annual report or discer or director of this corporation o in Block 12 or Block (3) (Thanged, c	supplemental r the receiver-	annual report is to or trustee empoy	true and accurate and vered to execute this	that my signatur	re shall have the same lega	al effect as if made u	nder oath; that