## 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 # P96000046715 (4)

U.S.A. DISPLAY CORP.

Mailing Address

**FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business 16401 NW 8TH AVENUE PO BOX 2337 MIAMI FL 33169 WEST PATERSON NJ 07424 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0668866 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible YZ Yes □ No Personal Property Tax due June 30. 30 29 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DITTMAN, ROBERT A ESQ **501 EAST ATLANTIC AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 84 City 85 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1100.6 Change Addition TITLE LEVINSON, LAWRENCE NAME 1.2 NAME STREET ADDRESS 288 LACKAWANNA AVENUE 1.3 STREET ADDRESS **WEST PATTERSON NJ 07424** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE LEVINSON, ERIC NAME 2.2 NAME **288 LACKAWANNA AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **WEST PATTERSON NJ 07424** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LEVINSON, JARED NAME 3.2 NAME **288 LACKAWANNA AVENUE** 3.3 STREET ADDRESS STREET ADDRESS **WEST PATTERSON NJ 07424** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 charged or on an anythment with an address.

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CITY-ST-ZIP