SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State: * DIVISION OF CORPORATIONS

DOCUMENT # P9600061194 (2)

AFTER HOURS MOLD DESIGN, INC.

FILED Sep 23 1997 8:00am Secretary of State



Principal Placi	e of Business		M	Mailing Address													
6712 MARINA DRIVE BRADENTON FL				POST OFFICE BOX 6001 BRADENTON FL 34281													
D.W.D.D.W. 1.	•										DO NO	T WRIT	E IN TH	IS SPA	Œ		
									3. Date In 07/22	corporate				Date o		Report	1
2. Principal Place of Business				2a. Mailing Address					4. FEI Nur						TA	pplied	l For
21				26					65-08	8306	50				h		plicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.										\$	8.75		
22				27 City & State					5. Certific						Fee R	equire	ed
City & State				28					6. Election Trust Fa	n Campa and Cont	-	ncing		,	\$5.00 Added		
Zip	Country		ļ,	Zip		Country			8. This co	rporation	owes o	r has p	aid the	_			
24 25 9. Name and Address of Curren			29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent									
<u> </u>			Current Regis	tered Agent		-			10. Name	and Add	ress of	New H	egistere	ed Age	nt		
, 343 ·	RILAWYER ALMERIA A IAL GABLES					81 82 83	ROE Street 671	SERT. Address	G. B s (P.O. Box ARINA	LATZ Number DRI	HEII is Not A VE	M_ accepte	able)			\$	
						84	City BRA	ADEN'	TON				F		134	Code 281	L600
11. Pursuant I	to the provision	ons of Sections 6	607.0502 and 6	07.1508, Florida Stati da. Such change was ⊷Section 607.0505, f	utes, the sauthoriz	above ed hy	e-named	d corpora	ation submit 's board of	ts this sta directors	itement Lhere	for the	purpose ent the a	e of cha	inging i pent as	its reg	jistered stered
agent. I a	m/jamiliar//l	h da ep th	obligations of	Section 607.0505, f	lorida St	atutes	S.	portion	0 000.00	0.1001070		o, acc.		11	<i>π</i> Ω (Z en
SIGNATURE	(DO)	0.A.C	Cole										_/5	حر	P		
	Signature, typed	or printed name of regis					nt signature	e required v	when reinstating		UOEC T	O OF C	DATE	NO DI	COTO	- IN	10
12.	PSTD	OFFICE	RS AND DIREC		13				ADDITIO	N5/CHA	NGES I	U OFF	ICERS A				Addition
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							*DODCCC										
STREET ADDRESS							ADDRESS										
CITY-ST-ZIP	ov certify that	the information	supplied with th	is filing does not qua		CITY-S		L stated in	Section 11	9.07(3)(i)	. Florida	Statut	es. I furl	her cer	tify that	the	
informatio	n indicated of	n this annual rep tor of the corpora Block 13 if char	ort or supplem ation or the rec aged, or on an a	ental annual report is eiver or trustee empo attachment with an ad	true and owered to ddress.	i accu exec	irate and oute this i	d that my report a:	/ signature	shall hav by Chapt	e the sa er 607,	me leg Florida	jal effect Statutes	t as if n s; and ti	ade ur nat my	ider o name	i