FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070374 (9)

LAMINATING SERVICES, INC.

Principal Place of Business	Mailing Address
6154 126TH AVE., N., SUITE E	6154 126TH AVE., N., SUITE E
LARGO FL 33771	LARGO FL 33773-1819

FILED Apr 21 1997 8:00am Secretary of State



LARGO FL 33771		LARGO FL 33773-1819	LARGO FL 33773-1819			;				
		3. Date Incorporated or Qualified 08/23/1996				ate of Last Report				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21 26						59-3396058		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			l.			5. Certificate of Status Desired	tle of Status Desired S8.75 Additional Fee Required			
	City & State City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country Zip		Zıp 29	30 Cou	intry	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Addres	s of Current Registered Agent	. 1 - 1			10. Name and Address of New Reg	istered /	lgent		
GASS	SMAN, ALAN S			61	Name					
1245 COURT STREET, SUITE 102					82 Street Address (P.O. Box Number is Not Acceptable)					
CLEA	VRWATER FL			Ľ.			·			
				83						
				84	1		FL	1	ıp Code	
11. Pursuant to office or reagont. Fai	to the provisions of Section registered agent, or both, m familiar with, and acce	ons 607.0502 and 607.1508, Florida S, , in the State of Florida: Such change ept the obligations of, Section 607.050	Statutes, the a was authorize 5, Florida Sta	bov d by tute:	e-named cor y the corpora s.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of I the app	changing pintment i) its registered as registered	
SIGNATURE	Signature typical or printed name	of registered agent and title if applicable	(NOTE: Registere	d Ag	ent signajure requ	ired when reinstating)	DATE			
12.		FICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	ERS AND			
Trile	D	 -		1.1 TITLE				Change	e [_] Addition	
NAME				AME						
STREET ADDRESS	6154 126TH AVE., N	I., SUILE E			ADDRESS	2	37-	12		
CITY+ST-2IP	LARGO FL 33771	LINUE			(IP)	<u> </u>	<u> </u>	☐ Chano	e Addition	
TITLE		L DELEN						CT OWN	e L Madition	
NAME Chicket Approved				2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	B '									
CITY-ST-ZIP TIJLE	DELETE		*** *********	2. 4 CITY - ST - ZIP 3.1 TITLE				Chang	e Addition	
NAME	Land State 1			3.2 NAME				_ •	-	
STREET ADDRESS			3.3 5	TREE	T ADDRESS					
City-St-ZiP			3.4.	CITY -	ST-ZIP					
TITLE		☐ DELET						Chang	je Addition	
NAME			4. 2	NAME						
STREEL ACIDRESS			4.3 9	TREE	T ADDRESS	•				
CITY (\$1.7P)			4.4 (ITY-	ST-ZIP					
TITLE		☐ DELET	E 511	ITLE				Chang	ge L Addition	
NAME			5.21	IAME						
STREET ADDRESS			535	TREE	T ADDRESS					
CHTY - S1 - ZHF				iTY-	ST-Z#P					
									1 1 4 1 190	
1111.6		DELET	E 611	ITLE				Chang	ge [_] Addition	
TITLE NAME		[_] DELET		ITLE IAME				L Chang	e L_1 Addition	
		[]] DELER	6.21	IAME	T ADDRESS			L.J Chang	ge L_I Addition	

4. I do hereby certify that the information substited 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 around record in the same legal effect as if made under oath; that I am an officer or director of the copy part of the transfer of the copy part of the copy and that my name appears in Block 12 or Block 13 inchanged or an attachment with an address.

SIGNATURE:

E AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

813-535-6609