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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthall

Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000094224 (8) **CUSTOM WORKSTATIONS, INC.** Principal Place of Business Mailing Address 3600 N.W. 11TH ST. 3800 N.W. 11TH ST. COCONUT CREEK FL 33086 COCONUT CREEK FL 33066-1612 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 1346 N. State Rd 1346 N. State Rd. **65**-0724 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Margare Added to Fees Marga Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No Broward 29 33063 Florida Statutes χοωρισ 10. Name and Address of New Registered Agent 81 Name PUPARD, MARY 2800 N.W. 11TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 COCONUT CREEK FL 33066 83 84 City Zip Code 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, or 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 tagging with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THE Hesident 1-1 TITLE Change Addition NAME 1.2 NAME R2E034 11th St STREET ADDRESS 008E 1.3 STREET ADORESS 12 C 33010 P CHY-ST ZIP 1.4 City-St-ZiP THUE Vice President Richard Papard 2.1 TITLE Change Addition 2.2 NAME NAME 3800 N.W. 11th St. 2.3 STREET ADDRESS SURFET ADORESS oconut Creek, PL CHY-ST-ZIE 2.4 CITY-ST-ZIP THUE 31 TITLE Change Addition Treasurer KAM: Dupard 3.2 NAME 3800 N.J. 11+6 St. STREET ADDRESS 3.3 STREET ADDRESS oconut Creek, FL 34 CITY-ST-7IP CHT-ST-ZH 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS oconut Creek, FC 4.4 CITY-ST-ZIP CIEV - \$1-7IP THE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City+S1-2iF 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition THEF 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 eath; 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 prior an attachment with an address.

OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 24 1997 8:00am