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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036559 (7) FONZ INK, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address) iddings, me iam rath attit dans sem stillt bildt bildt bildt attit iffi.
	BOTH STREET		12775 S.W. 200TH STREET			
NRARANJA FL 33032		NRARANJA FL 33032			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
						04/23/1997
2. Principal P	lace of Business	2. Mailing Address				4. FEI Number Applied For
21		26	26			105-0736381 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be	
Zip Country		Zip Country			Trust Fund Contribution Added to Fees	
24	25	29	30	117 y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
27	g. Name and Address of Current		1301			10. Name and Address of New Registered Agent
SIF	PLIN, GARY A			B1	Name	
	9 EAST FLAGLER ST		-	22	Street Ado	dress (P.O. Box Number is Not Acceptable)
SU	NTE 1121		82 Street		Street Add	diess (F.O. Bux Number is Not Acceptable)
ML	AMI FL 33131		Ī	B3	•	
			`h	B4 (City	■■ 85 Zip Code
			ſ	٦١	Oily	FL 50 25 0000
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ,						
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST DELETE		1.1 1111	1.1 TITLE P		Change L Addition
NAME	THOMAS, ALPHONSO		1.2 NAN	1.3 STREET ADDRESS &		wichelle L. THOMAS
STREET ADDRESS	12322 S.W. 259TH STREET		1.3 STR			12322 5. W 2597h St.
CITY - ST - ZIP	NARANJA FL 33032	ПК	1.4 CiTs			NArawai FL. 33032
TITLE	THOMAS, ALPHONSO	DELETE				Change Addition
NAME	12322 S.W. 259TH STREET		2.2 NA/			12722 5, W 25911 St
STREET ADDRESS	NARANJA FL 33032		2.3 STR	-		
CITY-ST-ZIP TITLE	TOTAL TE COOCE	DELETE	2. 4 CIT 3.1 TITL		ZIP	NAran, FL. 33032 Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STR	_	ODRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1	
TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NAI	ME		
STREET ADDRESS			4.3 STR	EET AD	DORESS	
CITY-ST-ZIP			4.4 CITY	/-ST-2	ZIP	
TITLE		☐ DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAA	AE	1	
STREET ADDRESS			5.3 STR	EET AD	DORESS	
CITY-ST-2IP			5.4 CITY		ZIP	
TITLE		☐ DELETE	6.1 TITL			L.] Change L.] Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STR		1	
CITY-ST-ZIP	ertify that the information supplied with	th this filing does not qualify for	64 CiTY			n Section 119 07(3)(i) Florida Statutes further certify that the information

Interest certify that the information supplied with this niting does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed on an attachment with an address.

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