

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000075892 (4)

1. Corporation Name
POLO PRINT, INC.

Principal Place of Business 10117 WEST OAKLAND PARK BLVD., STE. 373 SUNRISE FL 33351-6217	Mailing Address 10117 WEST OAKLAND PARK BLVD., STE. 373 SUNRISE FL 33351-6217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2031 SW 70th Ave Suite, Apt. #, etc. 22 Unit C-20 City & State 23 Davie, Florida Zip 24 33317 Country 25 USA		2a. Mailing Address 26 2031 SW 70th Ave Suite, Apt. #, etc. 27 Unit C-20 City & State 28 Davie, Florida Zip 29 33317 Country 30 USA		3. Date Incorporated or Qualified 09/02/1997	
		4. FEI Number 65-0781275		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

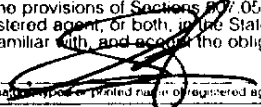
ZIPPIN, ROBERT S
7101 W. MCNAB ROAD, STE. 200
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name Stephen Mankin	85 Zip Code 33317
82 Street Address (P.O. Box Number is Not Acceptable) 2031 SW 70th Ave	
83 Unit C-20	
84 City Davie	FL

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 of person or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANKIN, RACHEL	1.2 NAME	Mankin, Rachel
STREET ADDRESS	10117 WEST OAKLAND PARK BLVD., STE. 373	1.3 STREET ADDRESS	2031 SW 70th Ave Unit C-20
CITY-ST-ZIP	SUNRISE FL 33351-6217	1.4 CITY-ST-ZIP	Davie, FL 33317
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Stephen Mankin
STREET ADDRESS		2.3 STREET ADDRESS	2031 SW 70th Ave Unit C-20
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Davie, FL 33317
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 changed, or on an attachment with an address.

SIGNATURE: Rachel Mankin 4/20/98 (954) 236-4578

CR2E034 (10/97)