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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088273 (2)

FILED Apr 30 1998 8:00am Secretary of State

S & J ENGRAVING, INC.						
Principal Place of Business Mailing Address						JI 1888 IBIIO 11811 18880 AIII 1881
8218 WILES ROAD 8218 WILES ROAD						
RIVERSIDE SO. CORAL SPRINGS FL 33067		RIVERSIDE SQ.		DO NOT WRITE IN THI	S SPACE	
COMML SP	HINGS FL 3306/	CORAL SPHINGS FL 3	CORAL SPRINGS FL 33067		3. Date Incorporated or Qualified	
					10/13/1997	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0803741	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	"		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	City & State		6. Election Campaign Financing	
23	-	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country	y	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	I Registered Agent	81	Name	10. Name and Address of New Registers	d Agent
FILINGS, INC.				Name		
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
ŗ	1. DAUDENDALE FL 33311-4132		83			
,			-			
			84	City	F	L 85 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 holl, 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 praited name of registered agent and total applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered age OFFICERS ANI		E Registered Ag	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DIPILES	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	MCKINNEY, SUZANNE		1.2 NAME			
STREET ADDRESS	8218 WILES ROAD		1.3 STREET	I ADDRESS		
CTTY-ST-ZIP			1.4 CITY - S	ST-ZIP		
TITLE	DIVPISCLY	DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	CORAL SPRINGS FL 33067		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE	51-ZIP		Change Addition
NAME			3.2 NAME			
STREET ADDRESS	DRESS		3 3 STREET	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				f ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY-5 5.1 TITLE	ST-ZIP		Change Addition
NAME		[DECEME	5.1 TITLE 5.2 NAME			C cutada C Massian
STREET ADORESS			1	I ADDRESS		
CITY-ST-ZIP			5.4 CiTY - S	- 1		
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET	T ADDRESS		
CITY-ST-ZIP	podify that the information a moderal and	ith thus filing does not muclify 4-	6.4 CITY-S		Section 119.07(3)(i), Florida Statutes, I further	contifu that the information
indicatéd	on this annual report or supplementa	il annual report is true and ácc	urate and th	at my signatur	re 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 changes, or on an attachment with an address.						
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