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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 21 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P98000006498

1. Corporation Name
EXCALIBUR MOLDS, INC.

Principal Place of Business	Mailing Address
5220 N.E. 33RD AENUE FT LAUDERDALE FL 33308	5220 N.E. 33RD AENUE FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1998
4. FEI Number: 65-0812387 — Applied For / Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21: 10875 N.W. 52 St. Suite 6	26:
Suite, Apt. #, etc. 22: Sunrise	Suite, Apt. #, etc. 27:
City & State 23: Florida	City & State 28:
Zip 24: 33351 / Country 25: Broward	Zip 29: / Country 30:

9. Name and Address of Current Registered Agent

~~FILINGS, INC.~~
~~3732 N.W. 16TH STREET~~
~~FT. LAUDERDALE FL 33311-4132~~

JAN ZEMBRON
5220 N.E. 33 Ave.
Ft. Lauderdale Fl.
33308

10. Name and Address of New Registered Agent

~~81 Name: Excalibur Molds Inc.~~
~~82 Street Address (P.O. Box Number is Not Acceptable): 10875 N.W. 52 St. Suite 6-7~~
83
~~84 City: Sunrise — FL — 85 Zip Code: 33351~~

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: Jan Zembron JAN ZEMBRON (Pres.) 5220 N.E. 33 Av. Ft. 33308 — DATE 3-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	ZEMBRON, JAN	1.2 NAME	
STREET ADDRESS	5220 N.E. 33RD AENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	S.T. ☒ Change ☐ Addition
NAME	ZEMBRON, ANDRZEJ	2.2 NAME	ZEMBRON Andrzej
STREET ADDRESS	5220 N.E. 33RD AENUE	2.3 STREET ADDRESS	8630 S.W. 12 St. Box K-4
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Pembroke Pines Fl. 33025
TITLE	D ☐ DELETE	3.1 TITLE	V.P. ☒ Change ☐ Addition
NAME	HUGHES, CHRIS	3.2 NAME	HUGHES CHRIS
STREET ADDRESS	5220 N.E. 33RD AENUE	3.3 STREET ADDRESS	760 Culpepper Terr.
CITY-ST-ZIP	FT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	Davie Fl. 33325
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	LS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Jan Zembron JAN ZEMBRON — 1-25-99 — 954-267-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #