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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19267 (1)

1. Corporation Name
S & K CENTRAL FLORIDA ENGRAVING INC.

Principal Place of Business
2111 WEST CENTRAL BOULEVARD
ORLANDO FL 32805

Mailing Address
2111 WEST CENTRAL BOULEVARD
ORLANDO FL 32805-2130



3. Date Incorporated or Qualified 12/14/1990
3a. Date of Last Report 04/29/1996

4. FEI Number 59-3040404
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 has liability for intangible tax under s. 199.032, Florida Statutes /es ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KREH, DORIAN L.
2111 WEST CENTRAL BOULEVARD
ORLANDO FL 32805~~

81 Name JAMES RUETH
82 Street Address (P.O. Box Number is Not Acceptable)
83 18530 NW 9 ST
84 City PEMBROKE PINES FL 85 Zip Code 33029

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 *James Rueth* DATE 3/27/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREH, DORIAN L.	1.2 NAME	JAMES RUETH
STREET ADDRESS	2111 W. CENTRAL BLVD.	1.3 STREET ADDRESS	18530 NW 9 ST
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	PEMBROKE PINES FL 33029
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	ST
NAME	SHUFORD, ROBERT W.	2.2 NAME	DONNA RUETH
STREET ADDRESS	2111 W. CENTRAL BLVD.	2.3 STREET ADDRESS	18530 NW 9 ST
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	PEMBROKE PINES FL 33029
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PINISS
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	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *James Rueth* James Rueth (owner) 3/27/97 954-433-4710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)