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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

~~2111 WEST CENTRAL BOULEVARD~~
~~ORLANDO FL 32805~~

~~2111 WEST CENTRAL BOULEVARD~~
~~ORLANDO FL 32805~~

18530 NW 9th Street
Pembroke Pines, FL 33029

18530 NW 9th Street
Pembroke Pines, FL 33029

2. Principal Place of Business

21 18530 NW 9th Street

2a. Mailing Address

26 18530 NW 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines, FL

27 City & State

28 Pembroke Pines, FL

Zip

Country

24 33029

25 USA

Zip

Country

29 33029

30

g. Name and Address of Current Registered Agent

RUEITH, JAMES
18530 N.W. 9 ST.
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

(NOT a registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST
RUEITH, JAMES
18530 N.W. 8 ST.
PEMBROKE PINES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
RUEITH, DONNA
18530 N.W. 9 ST.
PEMBROKE PINES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

James Rueith

4/30/98

954-525-5115

CR2E034 (10/97)