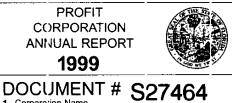
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90054 017 ***150.00

S & L BINDERY, INC. Principal Place of Business Mailing Address 4443 LOST FOREST ROAD 4443 LOST FOREST ROAD SARASOTA FL 34235 SARASOTA FL 34235 DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed 01/25/1991 2a. Mailing Address 4. FEI Number Applied For 2. Principa Place of Business Not Applicable 7125 FRUTIVILLE ROAD 65-0241763 21 7125 FRUITVILLE ROAD \$8.75 Additional 5. Certificate of Status Desired #1566 # 1566 Fee Recuired City & State City & State 6. Election Campaign Financing \$5.00 May Be SARASOTA FLORIDA Added to Fees Trust Fund Contribution FLORIDA 8. This or rporation owes the current year Intangible 24 34240-9729 25 SARASOTA 29 34240-972 30 SARASOTA Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MEISSNER, GREGORY C. Street Acdress (P.O. Box Number is Not Acceptable) 1111 3RD AVENUE WEST BRADENTON FL 34205 83 84 City 85 Zip Code FL 11. Pursuant to the provisions of Sc ctions 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed naine of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ Addition DELETE 1.1 TITLE Change Change TITL F MUNDT, LARRY A. 12 NAME NAME 7125 FRUITVILLE ROAD #1566 4443 LOST FOREST ROAD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL SARASOTA FLORIDA 34240-9729 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE CANTERBURY, SUZANNE J. 2.2 NAME D BUNDSUZ, TENDIN NAME 4443 LOST FOREST ROAD STREET ADDRESS 2.3 STREET ADDRESS 7125 FRUIT WILLE ROAD # SARASOTA FL SARASOTA, FLORIDA 342 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 or derivation 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.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)