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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

SQUARE SCREEN PRINTING, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I PROVINCE IIO MODE PRIMO REALE OUTUN DILL GRAFE DII	HE GIGII GIG	II WAWAN #4031 I	(FB)
1314 NEPTUN	E DR.	1314 NEPTUNE DR.	1314 NEPTHNE DR						
2		2							
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 3342			L 33426			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			
9 Principal P	lace of Business	2a, Mailing Address				01/30/1991 4, FEI Number		Applied	
21 - TIRCIPALE	lace of Business	26. Waning Address				65-0244716	\vdash	Not App	
Suite, Apt	#. etc.	Suite, Apt. #, etc					\$8	75 Additio	
22 27						5. Certificate of Status Desired		e Require	
	City & State City & State				 	6. Election Campaign Financing.	\$5	.00 May I	Re
23	28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the c	urrent yea	ar Intangib	le
24	26 29 30			Personal Property Tax due June 30. Yes No					
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
	INVIL, WESNER			81	Name				
15099 HARRISON ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
DE	LRAY BEACH FL 33484				<u>.</u>				
				83					ļ
				84	City	-	85	Zip Code	
44 6		00 - 40074600 54 44 0		Ш		F			
office or r	egistered agent, or both, in the State	e of Florida. Such change v	iaiules, ine ai vas authorizei	d by	the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	or cnang pointmer	ng its regist it as regist	tered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.050	5, Florida Stat	lutes					
SIGNATURE	Signature, typed or printed name of registered ag	and and tele if any knowled	(AICITE: Basislava	d Aces	ni signature required	d when reinstaling) OATE			
12.		ID DIRECTORS	13.		n bignature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN	12
TITLE	D	DELETE	1.1 Tr	TLE			Cha		Addition
NAME	SAINVIL, WESNER		1.2 N/	AME	İ				
STREET ADDRESS	15099 HARRISON ROAD		1.3 57	1.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 1.40		TY-\$1	r- ZIP					
TITLE	D	☐ DELETE	2.1 TI	ĬŗĒ			☐ Cha	nge 🔲 /	Addition (
NAME	SAINVIL, SYLVIE		2.2 NAME						
STREET ADDRESS	15099 HARRISON ROAD		2.3 STREE		ADORESS				
CfTY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY		T-ZIP				
TITLE	DELETE 3.1 T		TLE	- 1	•	L Cha	nge ∟/	Addition	
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 \$7	REET	ADDRESS				
CITY-ST-ZIP			3.4. C		T - ZiP		-		
TITLE		L DELETE	1				Cha	nge 📖 A	Addition
NAME			4.2 N						1
STREET ADDRESS					ADORESS				İ
CITY-ST-ZIP		T DELETE		TY-51	- ZIP		[] Cho	200 171	Addition
TISLE		DELETE					Cha	/ لــا שעייו	Addition
NAME PTOTET ADDRESS			52 NA		ADDRESS				
STREET ADDRESS					ADDRESS 700				
CITY-ST-ZIP TITLE		DELETE	5.4 C/ 6.1 T/1		- 207		Cha	nge 🗆 /	Addition
NAME		<u></u>	6.2 NA					ngo Lii	WOIDON
STREET ADDRESS					ADDRESS				- 1
			6.4 CF		i				
CITY-ST-ZIP	ertify that the information supplied a	vith this filing does not gua				Section 119.07(3)(i). Florida Statutes 1 further of	ertify tha	the inform	nation

The boy vermy that the information is upplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Fronda 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 reporter 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 the artistic ment with an address.

SIGNATURE:

4/27/98