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Apr 24 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 # S31361

(6)

1. Corporation Name

AWARD RUBBER STAMPS, INC.

Principal Place of Business

1520
4510 BOTTLEBRUSH DRIVE, N.E.
SUITE 38
PALM BAY FL 32905

Mailing Address

1520
1510 BOTTLEBRUSH DRIVE, N.E.
SUITE 38
PALM BAY FL 32905-9151



3. Date Incorporated or Qualified

02/11/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3050394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite 38
Suite, Apt. #, etc.

26 Suite 38
Suite, Apt. #, etc.

22 PALM BAY
City & State

27 PALM BAY
City & State

23 FL
City & State

28 FL
City & State

24 32905
Zip

25 BREVARD
Country

29 32905
Zip

30 BREVARD
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, SYLVIA M.

1520 4510 BOTTLEBRUSH DRIVE, N.E.
SUITE 38
PALM BAY FL 32905

61 Name

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

63

64 City

FL

65 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	WARD, SYLVIA M.	4510 BOTTLEBRUSH DR. N.E.	PALM BAY FL	<input type="checkbox"/>
D	DICK, FLORENCE G.	4510 BOTTLEBRUSH DR., NE	PALM BAY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		1520 BOTTLEBRUSH DR. N.E., SUITE 38		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		1520 BOTTLEBRUSH DR. NE, SUITE 38		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sylvia M. Ward 4-18-97 407-768-7870

CR2E034 (9/96)