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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V04473

(7)

THE SILK SCREEN MACHINE INC.

Principal Place of Business 2100 N. POWERLINE ROAD POMPANO BEACH FL 33069 210 N. POWERLINE ROAD POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1992 2. Principal Place of Business 22. Mailing Address 22. Mailing Address 22. Mailing Address 22. Mailing Address 23. Do Not Write IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1992 2. Principal Place of Business 22. Mailing Address 24. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Country 27. City & State 20. City & State 20. Country 27. Country 28. Base Country 29. Country 29. Country 29. Suite Address of Current Registered Agent 29. Name and Address of Current Registered Agent 210. Name and Address of New Registered Agent 32. Street Address (P.O. Box Number is Not Acceptable) 33. Street Address (P.O. Box Number is Not Acceptable) 34. City 35. Street Address (P.O. Box Number is Not Acceptable) 35. City 36. This corporation submits this statement for the purpose of changing its registered Agent 35. City 36. City 37
210 N. POWERLINE ROAD POMPANO BEACH FL 33089 21 DATE POMPANO BEACH FL 33089 22 Principal Place of Business 23 Mailing Address 24 FEI Number 25 Sulle, Apt. #, etc. 26 Sulle, Apt. #, etc. 27 Sulle, Apt. #, etc. 28 Sulle, Apt. #, etc. 29 City & State 20 City & State 20 City & State 21 Country 22 Fig. 25 Sulle, Apt. #, etc. 26 Sulle, Apt. #, etc. 27 Country 28 Fig. 29 Sulle, Apt. #, etc. 30 Field For Number Status Desired 36 Field Republicable 37 Fig. 38 Field Republicable 39 Field Republicable 30 Field Republicable 31 Name 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 32 Field Republicable 33 Field Republicable 34 City 35 Field Republicable 35 Field Republicable 36 Field Republicable 36 Field Republicable 36 Field Republicable 37 Field Republicable 38 Field Republicable 38 Field Republicable 39 Field Republicable 30 Field Republicable 31 Name 32 Field Republicable 32 Field Republicable 38 Field Republicable 39 Field Republicable 30 Field R
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified U1/02/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country 36. This corporation owes or has paid the currently vear intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent ROSEN, STUART 2100 N. POWERLINE ROAD POMPANO BEACH FL 33069 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, and accept the obligations of, Sections 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Sections 607.0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE Signature, spaced or pensued name of registered agent agent and title if ago cashle. (NOTE Registered Agent agentures required where remarking) DATE 11. THE OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS IN 12. TITLE Change Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition Change Addition
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22 City & State
City & State 28 City & State 29 Country Country Zip Country Zip Country Zip Country Zip Country Zip Country Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Zip
24
ROSEN, STUART 2100 N. POWERLINE ROAD POMPANO BEACH FL 33069 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ROSEN, STUART STREET ADDRESS CITY- ST- ZIP POMPANO BEACH FL DELETE 21 TITLE DELETE 21 TITLE Change Addition Addition
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2100 N. POWERLINE ROAD POMPANO BEACH FL 33069 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 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, 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 D GELETE 1.1 TITLE Change Addition NAME ROSEN, STUART 12 NAME STREET ADDRESS 2100 N. POWERLINE ROAD 1.3 STREET ADDRESS (CITY-ST-ZIP) TITLE D Change Addition Addition Addition Addition
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CITY-ST-ZIP 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 supply hents annual report is trile 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 in attachment with an address.

NONATURE (X) SEW

21/98 954_960-0148

FILED

Mar 17 1998 8:00am

Secretary of State