


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

FILED

**Mar 02 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 # V08886 (6)
1. Corporation Name
L & H SILKSCREEN SPECIALTIES, INC.



Principal Place of Business: ~~20225 NORTHEAST 12TH AVE NORTH MIAMI BEACH FL 33179 US~~

Mailing Address: C/O GRUBER AND ASSOCIATES, P.A. 1650 SOUTHEAST 17TH ST., STE. 301 FT LAUDERDALE FL 33316-735 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1992**

4. FEI Number: **65-0284055**

2. Principal Place of Business: **4771 Southwest 70th Terrace**

2a. Mailing Address: **C/O GRUBER AND ASSOCIATES P.A.**

22. Suite, Apt. #, etc.: **1650 Southeast 17th Street, Suite 301**

23. City & State: **DAVIE FL**

24. Zip: **FL 33314-4107**

25. Country: **US**

26. Suite, Apt. #, etc. (Mailing): **1650 Southeast 17th Street, Suite 301**

27. City & State (Mailing): **Fort Lauderdale FL**

28. Zip (Mailing): **33316-735**

29. Country (Mailing): **US**

30. Country (Mailing): **US**

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

9. Name and Address of Current Registered Agent

HODGE, MICHAEL T.
~~20225 NORTHEAST 12TH AVE. NORTH MIAMI BEACH FL 33179~~

10. Name and Address of New Registered Agent

81 Name: **C/O GRUBER AND ASSOCIATES, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable): **1650 Southeast 17th Street, Suite 301**

83 City: **Fort Lauderdale**

84 State: **FL**

85 Zip Code: **33316-735**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	HODGE, MICHAEL T	
STREET ADDRESS	20225 NORTHEAST 12TH AVE.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4771 Southwest 70th Terrace
1.4 CITY-ST-ZIP	DAVIE, FL 33314-4107
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002444296
6.3 STREET ADDRESS	-03/02/98--01053--033
6.4 CITY-ST-ZIP	***150.00

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: _____ **1/20/98** **GRUBER AND ASSOCIATES**

CR2E034 (10/97)