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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41871

(7)

TOTAL	drafting supplies, inc).			
Principa! Pla	ce of Business	Mailing Address		C INDER STANDAR DADEN HERDA ARKIN INDERN INDE	AIDIS AIGIT ÁCÉSE ÉIBSE AIBTE AIBTE GAIRS (BE
630 WOODBUI	RN DR	630 WOODBURN DR			
		UNIT A PT CHARLOTTE FL 33954-100	m		
PT CHARLOTTE FL 33954 US			US		3a. Date of Last Report
				3. Date Incorporated or Qualified 06/05/1992	05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0340394	Not Applicable
Suite, Apt	l #, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & Sta	de	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Cur		<u>ol</u>	Florida Statutes 10. Name and Address of New Re	Yes No
		rent Registered Agent	81 Name	10. Name and Address of New Re	Sistered Agent
	NDZIK, JOHN S		, right		
67 SANTAREN CIR 1777 TAMIAMI TR			82 Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
	NTA GORDA FL 33983		83		
Pul	NIA GUNDA PE 33803				
			84 City		FL 85 Zip Code
11. Pursuan office or agont 1 SIGNATURE			, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require	coration submits this statement for the join's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	<u></u>
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAMÉ	GUNDZIK, SHARON		1.2 NAME		į.
STREET ADDRESS			1.3 STREET ADDRESS		
017Y-S1-7/P	PUNTA GORDA FL		1.4 CITY-ST-ZIP	·	
THEE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME.	gundzik, John S.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-7iP	PUNTA GORDA FL		2. 4 CTY-ST-ZIP		
TITLE		☐ DELETE	3.1 TILE	***	Change Addition
NAME			3.2 NAME		1 (p) 2
STREET ADDRESS	3		3.3 STEET ADDRESS		
CHY-ST 7IP		DELETE	3.4. C - ST - ZIP 4.1 Ti	·	Change Addition
NAME		Lad Dittil			FT Authlife FT Legition
l .			4. 2 to le 4.3 S LT ADORESS		ŀ
STREET ADDRESS	`				
GHY-ST-ZIP THEF	1	DELETE	4.4 C - ST-2IP		Change Addition
NAME		First seasons	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		-	6.2 NAME		·
STREET ADDRESS	;		6.3 STREET ADDRESS		
Ţ.	Į.		6.4 CITY-ST-ZIP		,

I. 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 and cated on this annual sport 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 constraint or the receive 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 is manged, or on an attractment with an address.

SIGNATURE

D OR POINTED NAME OF MENING OFFICER OR DIRECTOR

14/39/97 9

FILED

May 13 1997 8:00am

Secretary of State

941-355-5600 Dayline Prone #