SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50136** **(3)**

1. Corporation Name

PAPER STOCK, INC.

Principal Place of Business	Mailing Address
1201-A SOUTH POWERLINE ROAD SUITE 134 POMPANO BEACH FL 33069	1201-A SOUTH POWERLINE ROAD SUITE 134 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1992**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0350971** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has authority for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOUSIGNANT, NORMAND
3599 SATIN LEAF CT
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. Add, Change, or Delete Officers and Directors
TITLE	D	☐ Change ☐ Addition
NAME	DRURY, JOHN	
STREET ADDRESS	4992 NW 99TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	☐ Change ☐ Addition
NAME	HARRIS, STAN	
STREET ADDRESS	11841 NW 11 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ Change ☐ Addition
NAME	COHEN, PHIL	
STREET ADDRESS	1101 PARKSIDE CIRCLE, NORTH	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ Change ☐ Addition
NAME	TOUSIGNANT, NORMAND	
STREET ADDRESS	3599 SATIN LEAF COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 (changed, or corrected) with an address.

SIGNATURE: Normand Tousignant Normand Tousignant 6/21/95 305-771-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0032700 CF

CR2E034 (3/95)