

MAY 09 '96 12:41 PM ATKINSON DINEP ET AL 305 920 2711 TO 7712008
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED 03-06
AND
FILED

1996 MAY 13 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/13/96--01069--017
****233.75 ****233.75

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra R. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50136

1. Corporation Name

PAPER STOCK, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 1291-A SOUTH POWERLINE RD
Suite, Apt. #, etc.
22 Suite 134
City & State
23 POMPANO BEACH, FL
Zip
24 33069 Country
25 US

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified JULY 13, 1992

3a. Date of Last Report JULY 3, 1995

4. FEI Number 65-0350971

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAND TOUSIGNANT
3599 SATIN LEAF CT.
CORAL SPRINGS FL 33065 45

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

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 date of signature

1996 Registered Agent Signature required when "changing"

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOHN DRURY
STREET ADDRESS 4992 NW 97th DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ DELETE

NAME STAN HARRIS
STREET ADDRESS 11841 NW 11th ST
CITY-ST-ZIP PLANTATION, FL 33323

TITLE ☐ DELETE

NAME PHIL COHEN
STREET ADDRESS 1101 PARKSIDE CIRCLE NO.
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ DELETE

NAME SECRETARY/TREASURER
STREET ADDRESS NORMAND TOUSIGNANT & DIRECTOR
CITY-ST-ZIP 3599 SATIN LEAF CT
CORAL SPRINGS, FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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: Normand Tousignant Normand Tousignant 5-10-96 954-771-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

288
5/13/96