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May 07 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| <div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # V68589 1. Corporation Name TAMARAC COMMERCIAL PRINTING, INC. </div> <div style="font-size: 2em; font-weight: bold;">(3)</div> </div> | | |
| Principal Place of Business 5310 N S.R. 7 SUITE F FT LAUDERDALE FL 33319-2919 | | Mailing Address 5310 N S.R. 7 SUITE F FT LAUDERDALE FL 33319-2920 |
| 2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;"> 21 Suite, Apt. #, etc. 22 City & State <div style="display: flex; justify-content: space-between;"> <div>23 Zip</div> <div>25 Country</div> </div> </div> | 2a. Mailing Address <div style="border: 1px solid black; padding: 2px;"> 26 Suite, Apt. #, etc. 27 City & State <div style="display: flex; justify-content: space-between;"> <div>28 Zip</div> <div>30 Country</div> </div> </div> | |
| 9. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> BARITON, JACK 7800 W OAKLAND PARK BLVD SUNRISE FL 33351 </div> | | |
| <div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">81 Name</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">82 Street Address</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">83</div> <div style="border: 1px solid black; padding: 2px;">84 City</div> </div> | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is an office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | |
| SIGNATURE _____ <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | |
| 12. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> D RYAN, JAMES W. 5310 N S.R. 7 #F FT LAUDERDALE FL </div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> DELETE </div> | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px; height: 100px;"></div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> DELETE </div> | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px; height: 100px;"></div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> DELETE </div> | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px; height: 100px;"></div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> DELETE </div> | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px; height: 100px;"></div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> DELETE </div> | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px; height: 100px;"></div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> DELETE </div> | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | |
| SIGNATURE: JAMES W. RYAN <i>James W. Ryan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



CR2E034 (9/96)