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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S44271** (2)

1. Corporation Name: **LABELPRO, INC.**

Principal Name of Officers: **14411 60TH ST N CLEARWATER FL 34620 US**

Mailing Address: **PO BOX 17615 CLEARWATER FL 34622-0615 US**

3. Date Incorporated or Qualified: **04/10/1991** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-3059823** 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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GOLD, AARON J 703 SWANN AVE TAMPA FL 33606**

10. Name and Address of New Registered Agent:

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	City & State
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent) _____ (Signature of Corporation Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: D YOSKOWITZ, FRED M	STREET ADDRESS: 15 NOTCH HILL DR LIVINGSTON, N J	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: P FRIEDER, JACK A.	STREET ADDRESS: 221 LAKE ST NE, APT 307 LARGO FL	2. NAME: P Frieder, Jack A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	6. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption afforded in Sections 119.031 and 119.032, Florida Statutes. I further certify that the statements are made in good faith and that the information is true and correct and that the corporation shall incur the same legal effect and financial liability as if the statements were made by the corporation or its officers or directors or both in the exercise of their power or authority and that the corporation shall incur the same legal effect and financial liability as if the statements were made by the corporation or its officers or directors or both in the exercise of their power or authority and that the corporation shall incur the same legal effect and financial liability as if the statements were made by the corporation or its officers or directors or both in the exercise of their power or authority.

SIGNATURE: *Jack A. Frieder* **Jack A. Frieder** 4-27-95 813-538-2149

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR