

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G89015** (3)

1. Corporation Name
LABEL..IT, INC.



Principal Place of Business: **10100 NORTHWEST 116 WAY MIAMI FL 33178**
Mailing Address: **10100 NORTHWEST 116 WAY MIAMI FL 33178**

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

3. Date Incorporated or Qualified: **03/06/1984**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-2256058**
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
**GROSSMAN, JAY E.
10100 NORTHWEST 116 WAY
MIAMI 33178**

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 Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/19/96**

12. OFFICERS AND DIRECTORS

12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	C GROSSMAN, LEONARD
12.3 STREET ADDRESS	21359 HARROW CT.
12.4 CITY, ST, ZIP	BOCA RATON FL
12.5 TITLE	<input checked="" type="checkbox"/> DELETE
12.6 NAME	S GROSSMAN, ELAINE
12.7 STREET ADDRESS	21359 HARROW CT.
12.8 CITY, ST, ZIP	BOCA RATON FL
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	P GROSSMAN, JAY E.
12.11 STREET ADDRESS	5096 N.W. 89 WAY
12.12 CITY, ST, ZIP	CORAL SPRINGS FL
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	<input type="checkbox"/> DELETE
12.15 STREET ADDRESS	<input type="checkbox"/> DELETE
12.16 CITY, ST, ZIP	<input type="checkbox"/> DELETE
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	<input type="checkbox"/> DELETE
12.19 STREET ADDRESS	<input type="checkbox"/> DELETE
12.20 CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form 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 attached form with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAY E. GROSSMAN

4/19/96
305-447-4949
Exchange

CR2E034 (12/95)