FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **294560** **(8)**

1. Corporation Name

INTERPRINT INCORPORATED

Principal Place of Business	Mailing Address
12350 US HIGHWAY 19 N CLEARWATER FL 34624 US	12350 US HWY 19 NO ST. PETERSBURG FL 34624 US

3. Date Incorporated or Qualified: **07/06/1965**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-0871253** ☐ 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

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

9. Name and Address of Current Registered Agent

MORTEN, JAMES E.
6349 - 29TH AVENUE, NORTH
ST. PETERSBURG FL 33710

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 607.0502 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MORTEN,JAMES E		1.2 NAME	
STREET ADDRESS	6349 - 29TH AVE. NO.		1.3 STREET ADDRESS	15462 Gulf Blvd, #906
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Maderia Beach, FL 33708
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, LOIS E.		2.2 NAME	
STREET ADDRESS	6309-92ND PL N., #2501		2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PK FL		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORTEN, GRANT R.		3.2 NAME	
STREET ADDRESS	6349 29TH AVE NO.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORTEN, SCOTT J		4.2 NAME	
STREET ADDRESS	13328 93RD AVE. NO		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MORTEN, JAMES A		5.2 NAME	
STREET ADDRESS	8567 PARKWOOD BLVD., #.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Lois E Morrison Lois E. Morrison 3/22/96 (813) 531-8957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number