

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **294560** (8)
1. Corporation Name
INTERPRINT INCORPORATED

Principal Place of Business 12350 US HIGHWAY 19 N CLEARWATER FL 34624 US	Mailing Address 12350 US HWY 19 NO ST. PETERSBURG FL 34624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 07/06/1965	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

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	
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	15482 GULF BLVD, #906	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADERIA BCH FL	1.4 CITY-ST-ZIP	
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	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORTEN, SCOTT J	3.2 NAME	
STREET ADDRESS	13328 93RD AVE. NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORTEN, JAMES A	4.2 NAME	
STREET ADDRESS	8587 PARKWOOD BLVD., #.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I hereby certify that the information supplied with this filing 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** 4/14/98 (812) 581-5957

CR2E034 (10/97)