


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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90116 027 ***150.00

US-100-30

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 426338
 1. Corporation Name
SERBIN PRINTING, INC



Principal Place of Business 1530 DOLPHIN ST. SARASOTA FL 34236-3792	Mailing Address 1530 DOLPHIN ST. SARASOTA FL 34236-3792
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/22/1973	
4. FEI Number 59-1458674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SERBIN, JACK J.
2643 SIESTA DRIVE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name **Serbin, Mark J**
 82 Street Address (P.O. Box Number is Not Acceptable)
8016 Estates Drive
 84 City **Sarasota** **FL** 85 Zip Code **34243**

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 Mark Serbin Mark Serbin 2-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SERBIN, JACK J.	
STREET ADDRESS	2643 SIESTA DR.	
CITY-ST-ZIP	SARASOTA FL.	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SERBIN, DONNA J.	
STREET ADDRESS	2643 SIESTA DR.	
CITY-ST-ZIP	SARASOTA FL.	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SERBIN, DONNA J.	
STREET ADDRESS	2643 SIESTA DR.	
CITY-ST-ZIP	SARASOTA FL.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SERBIN, MARK J.	
STREET ADDRESS	7702 ESTATES DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD Serbin, Donna J
2.3 STREET ADDRESS	2732 Orchid Oaks #102B
2.4 CITY-ST-ZIP	Sarasota, FL 34239
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD Serbin, Mark J
4.3 STREET ADDRESS	8016 Estates Dr.
4.4 CITY-ST-ZIP	Sarasota, FL 34243
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD Serbin, Robin C.
5.3 STREET ADDRESS	8016 Estates Dr.
5.4 CITY-ST-ZIP	Sarasota, FL 34243
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Mark Serbin Mark Serbin 2-11-99 941-366-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)