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

PROFIT CORPORATION ANNUAL REPORT

1997

THLE NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SUN SC	IMENT # 557965 CREENPRINTING INC.					
Principal Place of Business Mailing Address				e tamilar arrat firtir imma illigit arial fire	t 122121 21101 21111 1212 1212 21101 21101 21011 21011 21011 21011 21011 21011	
2310 Whitfield PK ave Sarasota. Fl 34243 P.O. Box 807 Falleyast Fl 34270-7807		2310 WHITFIELD PK AVE SARASOTA. FL 34243 P.O. BOX 807 TALLEVAST FL 34270-0807				
				3. Date Incorporated or Qualified 02/01/1978	3a. Date of Last Report 04/22/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	L. A. A. L.	26		59-1792823	Not Applica	
Suite, Apt	l. #, ClU	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22) City & Sta	ile	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Z _I p	Country	Zip	Country	8. This corporation has liability for		
24	[25]		90		Yes No	
	9. Name and Address of Curre	ent Hegistered Agent	61 Name	10. Name and Address of New Re	gistered Agent	
	CHTA, WILLIAM FRANK					
2310 WHITFIELD PK AVE. SARASOTA FL 34243			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
OAF	WOUTH FL 34240		83			
			64 City		FL 85 Zip Code	
agent I SIGNATURE	am familiar with, and accept the obli- Signature, typed or punied name of registered a	gations of, Section 607.0505, Flor	ida Statutes. Registered Agent e-gnature re	orporation submits this statement for the pretion's board of directors. I hereby acceptured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
THILE	D	DELETE	1.1 TITLE		Change Add	
NAME	BLECHTA, GEORGE E.		1.2 NAME			
STREET ADDRESS	6310 MIDNIGHT PASS RD		13 STREET ADDRESS			
CHTY-SI-7PP	SARASOTA FL		1.4 CITY-ST-ZIP			
THE	P	☐ DELETE	2.1 TITL€		Change Add	
NAME	BLECHTA, WILLIAM F.		2.2 NAME			
STEFFET ADORESS	5287 BOX TURTLE CIRCLE SARASOTA FL		2.3 STREET ADDRESS			
CHTY - ST - 7IP	SANGOTATE	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Add	
NAME		******	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY+ST-ZiP			
Trice		☐ DELETE	41 TITLE		☐ Change ☐ Add	
NAME			4. 2 NAME			
STREET ADDRESS	,		4.3 STREET ADDRESS	·		
CITY-S1-71P		T Drieve	4.4 CITY-ST-ZIP			
THILE		☐ DELETE	5.1 TITLE		Change Add	
NAME PROPER ANGEOISE			5.2 NAME			
STREET ADDRESS CITY - ST- ZIP	·		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
GID: M: ZIF	1		= 3.5 GH 1 - 31 - 21 F			

14. I do 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 provide report or supplied ender oath; that I am an officer or director of the composition of the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changes a first altrichment with an address. SIGNATURE:

DELETE

6 1 TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

Change

Addition

FILED

Apr 23 1997 8:00am

Secretary of State