

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F07076 (5)**

1. Corporation Name
A B C PRINTORIUM, INC.



Principal Place of Business

**1520 28TH AVE
TAMPA FL 33605**

Mailing Address

**1520 28TH AVE
TAMPA FL 33605
US**

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |

9. Name and Address of Current Registered Agent

**ROMAN, RALPH M
1520 28TH AVE
TAMPA FL 33605-8118**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

| | |
|--|--|
| 3. Date Incorporable For Qualified | 3a. Date of Last Report |
| 11/26/1980 | 04/20/1995 |
| 4. FEI Number | Applied For Not Applicable |
| 59-2063210 | |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Pursuant to the provisions of Section 607.07(2)(a) & (b), Florida Statutes, the above named corporation submits the 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, hereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07(2)(a), Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| | PD ROMAN, RALPH M | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1520 28TH AVE | TITLE | NAME |
| CITY-STATE-ZIP | TAMPA FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | TITLE | NAME |
| CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | TITLE | NAME |
| CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | TITLE | NAME |
| CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

14. I do hereby certify that the information supplied on this report is true and correct, and does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information included on this report is not a duplicate of any other report filed with the Department of State, 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 trustee or trustee designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an officer or director.

SIGNATURE:

Ralph M. Roman
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96