


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

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # G28447 (2)**  
 1. Corporation Name  
**OUTPOST PRINTING CORPORATION**

Principal Place of Business: **7901 WEST 26 AVENUE HIALEAH FL 33016**  
 Mailing Address: **7901 WEST 26 AVENUE HIALEAH FL 33016-2742**



2. Principal Place of Business: **7951 WEST 26 AVE**  
 2a. Mailing Address: **7951 WEST 26 AVE**  
 23. City & State: **HIALEAH FL**  
 24. Zip: **33016-2729** 25. Country: **USA**  
 27. City & State: **HIALEAH FL**  
 29. Zip: **33016-2729** 30. Country: **USA**

3. Date Incorporated or Qualified: **03/18/1983**  
 3a. Date of Last Report: **03/08/1996**  
 4. FEI Number: **59-2323200**  
 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

9. Name and Address of Current Registered Agent  
**SWINK, WILLIAM J., JR.**  
**2915 SOUTHWEST 13TH ST.**  
**MIAMI FL 33145**

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: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WISSER, BRIAN</b>	
STREET ADDRESS	<b>6135 SW 116 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>MCAULIFFE, THOMAS F., III</b>	
STREET ADDRESS	<b>775 N.E. 144 ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WISSER, REBA J.</b>	
STREET ADDRESS	<b>6135 SW 116 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VTSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCAULIFFE, PATRICIA H</b>	
STREET ADDRESS	<b>775 NE 144 ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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: *Sk... MCAULIFFE* DATE: *03/08/1996*

CR2E034 (9/96)