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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** H18421

(8)

1. Corporation Name

REIMINK PRINTING INC

HEIMIII	an Friiding, inc.									
Principal Place of Business Mailing Address					11	8 8 18 18 18 18 18 18 18 18 18 18 18 18	EL GLAN BLANK (F	FRIL BIOM BIBII	OLOU BION INDI	
4209 WEST TAMPA FL 3	KENNEDY BLVD. 3609	4209 WEST KENNEDY TAMPA FL 33609	4209 WEST KENNEDY BLVD. TAMPA FL 33609							
						Incorporated or Qualified /28/1984		ate of Last R 05/11/199		
2. Principal Place of Business		2a. Mailing Address			4. FEIN		Applied For			
21		26			59-2437202				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	► <sub>1</sub>			licate of Status Desired	Ø		5 Additional Required	
City & State		City & State			I	ion Campaign Financing Fund Contribution			May Be	
Zıp	herm and the second		Country		8. This	This corporation has liability for intangible tax under s. 199.032,				
24	25   29   9. Name and Address of Current Registered Agent		30	30		Florida Statutes				
	9. Name and Address of Curre	ent Registered Agent		2.7	10. Nam	e and Address of New	Registere	d Agent		
MANEY	DIGUADO U FOO			81 Name						
MANEY, RICHARD H ESQ.			•	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)					
101 EAST KENNEDY BLVD., SUITE 3170 TAMPA FL 33602										
IAMPA	FL 336U2			83						
			<u> </u>	84 City				. 85 Zu	p Code	
11 Dureuget	to the provisions of Costings 607 050	0 007 4500 51	l				F			
or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flo ith, and accept the obligations of, Sec	iz and 607.1508, Florida Statu rida. Such change was authori	ites, the aborized by the c	ve named corp orporation's bo	ioration submits pard of director	s this statement for the pu s. Thereby accept the and	irpose of d	hanging its r	registered office	
	ith, and accept the obligations of, Sec	tion 607.0505, Florida Statute	es.			,		og.0.0100	agone ran-	
SIGNATURE	Signature, typed or printed name of registered age	at and title if over broken. As	čai spasiviji	ALITE AND ALITE						
12.		ND DIRECTORS	(NOTE: Registered Agent signature requ			LIONS/CHANGES TO OF	JATE AA 29 JOE	JET DIDE CTC	NO IN 10	
TITLE	P DELETE			1 1 11/16		1010 0171020 10 011		TE Change	Addition	
NAME	REIMINK, JAMES CURTIS	_	1.2 NA					[ ondrige	E AGRICOII	
STREET ADDRESS	-4210 SAN PEDRO				3905	obispo W				
CITY-ST-ZIP	TAMPA FL			, -	TAMPA	FL 336	29-7	ona		
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NAME	REIMINK, MARSHA ANN		2.2 NA	Wit				E onlings	E_J Noonton	
STREET ADDRESS	4210 SAN PEDRO				3905	OBISPO W.				
CITY - ST - ZIP	TAMPA FL				TAMPA	FL 3:	21.39.	-2220		
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STREET ADDRESS				REET ADDRESS						
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TITLE		DELETE	4.1 11					☐ Change	Addition	
NAME		_	4.2 NAI	ve ]				· · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				REET ADDHESS						

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

4.4 City - St - ZiP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7(F)

5 1 THILE

5.2 NAME

6 1 TITLE

6 2 NAME

SIGNATURE:

CITY-S1-ZIP

STHEE! ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST-7IP

TITLE

NAME

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NAME

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Marsha A

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