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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sendre # \$205thanf

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P28637

(7)

QUIK PRINT, INC.

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Principal Place of Business

Mailing Address

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JUN 23 PM 2:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3445 NORTH WEBB ROAD WICHITA KS 67226	3445 NORTH WEBB ROAD WICHITA KS 67226-8125	•		
			3. Date Incorporated or Qualified 03/20/1990	3a. Date of Last Report 07/25/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 1012 WEST NINTH AVENUE		NINTH AVENU	JE 48-1077332	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desirod	\$8.75 Additional Fee Required
	City & State  28 KING OF PR		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 19406 25	Zip 29 19406	Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
PAYNE, GEORGE   B1   Name			CT CORPORATION SYS	TEM
207 S DIXIE HWY		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
W. PALM BEACH FL 33401			SOUTH PINE ISLAND	ROAD
_		84 City	NATA	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	nd 607 108, Florida Statut	es, the above-named co	NTATION rporation submits this statement for the pu	□□□□ 33324 urpose of changing its registered
11. Pursuant to the provisions of Sections 607 0502 and 607 0502. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida Such change was authorized by the ENIC Submits this statement for the purpose of changing its registered by the purpose of changing its registered by the submits this statement for the purpose of changing its registered by the submits this statement for the purpose of changing its registered office or registered agont. It am familiar will and account in purpose of changing its registered by the submits this statement for the purpose of changing its registered by the submits this statement for the purpose of changing its registered office or registered agont. It am familiar will and account in purpose of changing its registered by the submits this statement for the purpose of changing its registered office or registered agont. It am familiar will an account in purpose of changing its registered by the submits this statement for the purpose of changing its registered of the submits this statement for the purpose of changing its registered of the submits this statement for the purpose of changing its registered of the submits				
*SIGNATURE Assistant Vice President 4/20/97				
Signaluse, lyped or printed name of registered agent a		E: Rogisterod Agent signature req		DATE
12. OFFICERS AND E	IRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition 66
TITLE PD	<b>M</b>		RESIDENT	C bearings Andriton 65
STREET ADDRESS 8401 KILLARNEY			RTHUR BAER	NUE 19406 M Addition
CITY-ST-ZIP WICHITA KS			.012 WEST NINTH AVE	NUE
TITLE V	<b>⋈</b> DELETE	2.1 THLE	ING OF PRUSSIA, PA	Change X Addition
NAME ARMAGOST, JERRY		2.2 NAME	SECRETARY & CFO	
STREET ADDRESS 5517 EAST 19TH		2 3 STREET ADDRESS	ENNETH MARRAMA	
CITY-ST-ZIP WICHITA KS		2 4 CITY-ST-ZIP 1	O12 WEST NINTH AVE	
TITLE S .	DELETE	31 TITLE		Change Addition
NAME HOGAN, VICKI		3.2 NAME		_
STREET ADDRESS #14 HAWTHORNE		3 3 STHEET ADDRESS	10000233	8-106041-020-5
CITY-ST-ZIP WICHITA KS 67206	DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE -	*****165	
NAME PERKINS, GREG R.	PAC DECC 12	4.1 IIILE -	<i>₩₩₩₩</i> 100	A C.C. REMODERATE CITETARINGON
STREET ADDRESS 912 GATEWOOD COURT		4.3 STREET ADDRESS		
CITY-SI-ZIP WICHITA KS		4.4 CITY-ST-ZIP		•
TITLE VPT	DELETE	5.1 TITLE		Change Addition
NAME FLEMING, CAROLINE	•	5.2 NAME		
STREET ADDRESS 1018 W 9TH AVENUE		5.3 STREET ADDRESS	. N	Wa 22 a
CITY-ST-ZIP KING OF PRUSSIA PA		5.4 CITY - ST - ZIP	$\mathcal{Y}_{l}$	WY 7 7 1
TITLE V				
	X DELETE	6.1 TITLE		Change Addition
NAME SKAFF, VINCENT	XI DELETE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP  NAME SKAFF, VINCENT 163 LOCHINVAR WICHITA KS 67207	XI DELETE			Change Addition

I do meloy certify that the information supplied with this mility does not quality for the exemption stated in Section 119.07(3)(f), Profide 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 18 if changed, or on an attachment with an address.