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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046443 (5)

DELMAN PRINTING & GRAPHICS, INC.

Principal Place of Business Mailing Address						IN MAINI BLAID AILNE BINGS DINNN THEL INGS
931 DOLPHIN DR JUPITER FL 33458 US		931 DOLPHIN DR JUPITER FL 33458-4301 US				
					3. Date Incorporated or Qualified 06/16/1994	3a. Date of Last Report 03/25/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			22-3044117	Not Applicable
Suite, Apt. #, etc.		├ ─┐ ' '	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	A 4527 a 257 (152 a 153 a 154 a 15	27				Fee Required
23 Ofty & State	9	26 State	· · · · · ·		6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81	None	10. Name and Address of New Re	gistered Agent
	MAN, SHELDON		*'	Name		ļ.
931 DOLPHIN DR			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)
JUP	ITER FL 33458		83			
			53			
			84	City		FL 85 Zip Code
11 Duramont	to the provisions of Costions 607.06	02 and 607 1509 Florida Stat	tutos the above	nomad corn	oration submits this statement for the p	
office or r	egistered agent or both in the State	e of Florida. Such change wa	s authorized by:	the corporati	on's board of directors. I hereby accep	pt the appointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ag	ion) and title if applicable //N	O1E: Registered Agen	signature termire	ard when reinstaturd)	DATE
12.		ID DIRECTORS	13.	argina.cre rodeno	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD					Change Addition
NAME	DELLAN OUTLOON		1.2 NAME			
STREET ADDRESS	931 DOLPHIN DR		1.3 STREET A	DDRESS		1
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST	ZIP		
TITLE	-	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	2.2 NAMI		2.2 NAME			
STREET ADDRESS			2.3 STREET A	DORESS		
CITY-ST-ZIP			2.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	3.1 TITLE	Ì		☐ Change ☐ Addition
NAME			3.2 NAME			,
STREET ADDRESS			3.3 STREET A	- 1		
CITY-ST-ZIP		DELETE	3 4. CITY-ST	- ZIP		Channe Addition
TITLE		L. DECETE	4.1 TITLE 4. 2 NAME			Change Addition
NAME	•			bbbcoo		\sim
STREET ADDRESS	· .		4.3 STREET A	- 1	· ·	% '
CITY-ST-ZIP TITLE		DELETE	4.4 CHY - S1 5.1 TITLE	. 711,		Change Addition
NAME			5.2 NAME		11/20	10
STREET ADDRESS			5.3 STREET A	DORESS	\mathbb{V}_{ℓ} .	, 🗸
CITY-ST-ZIP			5.4 CITY- \$1		h	
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAME		00000220 -06/06/970100	(36 <u>5</u> 0 -
STREET ADDRESS	,		6.3 STREET A	DDRESS	-06/06/97010	J5UU5
				- 1	***550.00	

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?