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

Mailing Address

3300 S. CONGRESS AVE. UNIT NO. 17

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

3300 S. CONGRESS AVE. UNIT NO. 17



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032771 (4)

MVP SPORTS AND SCREEN PRINTING, INC.

BOYNTON BEACH FL		BOYNTON BEACH FL 33426-9029							
						Date Incorporated or Qualified 04/24/1995		ite of Last R 23/1996	eport
 i	lace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For	
21		26			65-0574625			t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stati	e 	City & State	 			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	 	intry		8. This corporation has liability for in			. 199.032,
24	25	25 29 30					Yes [
		ur uadizrara Adaur		81	Name	10. Name and Address of New Reg	jistered /	agent .	
	RLIK, DIANE L				Name				
C/O CAMPBELL AND KARLIK, P.A. 3450 NORTHLAKE BOULEVARD STE 200				82 Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS FL 33403				83					
					A.,		· · · · · · · · · · · · · · · · · · ·	11	
				84	City		FL		Code
11. Pursuant office or ragent 1 a	to the provisions of Sections 607,05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	tes, the al authorize lorida Stat	bove d by lutes	e-named cor, the corpora	poration submits this statement for the p tition's board of directors. I hereby accep	urpose of t the app	changing it ointment as	s registered registered
SIGNATURE									
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg OFFICERS AND DIRECTORS			d Age	int signatura requ	ired when reinstating)	DATE	OIOCOTOR	0.01.40
12.	D OFFICERS AIN	DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFIC	EHS ANL	Change	S IN 12 Addition
NAME	REPPUCCI, MARGARET L MS	· —	1.2 N/					L.J Ulange	Addition
STREET ADDRESS	233 SPRINGDALE CIRCLE				ADDRESS				
CITY-ST-ZIP	PALM SPRINGS FL 33461				T-ZIP				
TITLE	D DELETE			2.1 TITLE				Change	Addition
NAME	COWLES, ALBERTA J MS		2.2 N/	2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	233 SPRINGDALE CIRCLE		2.3 ST			·			
CITY-ST-ZIP	PALM SPRINGS FL 33461		2.4 C	ITY-S	ST-ZIP	Р			
TITLE	D	DELETE	3.1 Tí	TLE				Change	☐ Addition
NAME	LYNCH, DIANE K MS		3.2 N/	AME					
STREET ADDRESS	18862 FETTERBUSH COURT				ADDRESS				
CITY - ST - ZIP	JUPITER FL 33458	Documen			ST-ZIP			A	[] [] [] [] [] [] [] [] []
TITLE		☐ DELETE	4.1 TC		ŀ			Change	Addition
NAME			4. 2 N		400000				
STREET ADDRESS					ADDRESS				
CHTY+ST-ZIP THTLE		DELETE	4.4 CI 5.1 TE		1 • ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		— peer, e	5.2 NA					Land College	nationion
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5.4 CI						
TITLE		DELETE	5.4 Cr		. 40			Change	Addition
NAME		_	6.2 NA						
STREET ADDRESS					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.