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Mar 07 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 # P95000046833 (6)

1. Corporation Name  
CALIFAR'S PRECISION PRINTING, INC.



Principal Place of Business  
2021 LAKEVIEW AVE  
CHULUOTA FL 32768

Mailing Address  
2021 LAKEVIEW AVE  
CHULUOTA FL 32766-9145

3. Date Incorporated or Qualified 06/12/1995  
3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2a. Mailing Address  
21 3025 SILVER STAR RD 26 3025 SILVER STAR RD

Suite, Apt #, etc Suite, Apt #, etc  
22 Suite 115 27 Suite 115

City & State City & State  
23 ORLANDO FL 28 ORLANDO FL

Zip Country Zip Country  
24 32808 25 ORANGE 29 32808 30 ORANGE

4. FEI Number 59-3282738  
Applied For Not Applicable

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  
CALIFAR, VALERIE E  
2021 LAKEVIEW AVE  
CHULUOTA FL 32768

10. Name and Address of New Registered Agent  
81 Name VALERIE E. CALIFAR II  
82 Street Address (P.O. Box Number is Not Acceptable) 140 N. ULYSSES DR  
83  
84 City APOPKA FL 85 Zip Code 32703

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 *Valerie E. Califar II* DATE 3/3/97  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALIFAR, VALERIE E	
STREET ADDRESS	2021 LAKEVIEW AVE	
CITY - ST - ZIP	CHULUOTA FL 32768	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALIFAR, VALERIE E II	
STREET ADDRESS	140 N ULYSSES DR	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARY CALIFAR	
STREET ADDRESS	140 N ULYSSES DR	
CITY - ST - ZIP	APOPKA FL 32703	
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: *Valerie E. Califar II* DATE 3/3/97 407-522-7661  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)