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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000102921 (9)

1. Corporation Name
ADR PRINTING, INC.



Principal Place of Business
**1118 EDGEWOOD AVE S
 JACKSONVILLE FL 32205**

Mailing Address
**1118 EDGEWOOD AVE S
 JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip County

24 9. Name and Address of Current Registered Agent

**RUDKIN, ANGELA D
 1227 FOXMEADOW TRAIL
 MIDDLEBURG FL 32068**

26. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

30 10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(1) and 607.05(1)(b), 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 a resident of the State of Florida, and I accept the appointment of Section 607.05(1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent Qualifies Required when Registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCST	<input type="checkbox"/> DELETE
NAME	RUDKIN, ANGELA D	
STREET ADDRESS	1227 FOXMEADOW TRAIL	
CITY, ST, ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDKIN, ANGELA D	
STREET ADDRESS	1227 FOXMEADOW TRAIL	
CITY, ST, ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information contained in this filing is true and correct and that I am an officer or director of the corporation or the business of the corporation and I will execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed or added, in this report.

SIGNATURE: *Angela D Rudkin*

01-15-98 904-387-3024

CR2E034 (10/97)