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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90120 012 ***150.00

1. Corporation	MENT # P98000 Name OUSE QUICKPRINT, INC.	0044927			
Principal Place	e of Business	Mailing Address			T #0011881 110 (810) 10311 00113 00131 00111 00113 01011 01010 10110 11013 1201 5001
200 SOUTHEAS FT LAUDERDAL	T 6TH STREET	200 SOUTHEAST 6TH STREET FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE
	· 				3. Date Incorporated or Qualifed 05/19/1998
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65 - 0838840 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State	City & State	State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country	Zip Cour 29 30		ntry	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre		100		10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and acceptate obligations of, Section 607.0505, Florida Statutes.			utnonzec	84 City	expension submits this statement for the ournose of changing its registered
SIGNATURE	Signature, typed or phinted name of registered age	PRESIDEN I ent and title if applicable. (NOTE	: Registered	Agent signature re	required when reinstating) DATE
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 11	rle {	☐ Change ☐ Addition
NAME	CIRINO, PAUL A		1.2 N	WE	
STREET ADDRESS	200 SOUTHEAST 6TH STREET	ſ	1.3 STREET ADDRES		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		_	TY-ST-ZIP	
TITLE		☐ DELETE	2.1 TI	TLE	Change Addition
NAME			2.2 N		•
STREET ADDRESS			2.3 \$1	REET ADDRESS	
CITY-ST-ZIP			_	TTY-ST-ZIP	Change Addition
TITLE	· · · · · ·		3.1 11		Change Addition
NAME			3.2 N		
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CITY-ST-ZIP		DELETE	3.4. CIT\ ELETE 4.1 TITLI		Change Addition
TITLE			4.1 (I	•	
NAME				REET ADDRESS	
STREET ADDRESS				TY-ST-ZIP	
CITY-ST-ZIP			5.1 TI		☐ Change ☐ Addition
THE			F "''		

CITY-ST-ZIP

14. I 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 any address, with all other like empowered.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/27/99 (954) 462-37000 Daylinte Phone #

☐ Change

R2E034 (11/98)

Addition