04-24-2002 90345 043 ***150.00

DOCUMENT #	P98000044927

1. Entity Name

COURTHOUSE QUICKPRINT, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

200 SOUTHEAST 6TH STREET FT LAUDERDALE FL 33301

2. Principal Place of Business

200 SOUTHEAST 6TH STREET FT LAUDERDALE FL 33301



5944	CORAL	RIDGEDR	5944 CORA	IL RIDGE I	DR					
Suite, Apt. #, etc. #137					DO NOT WRITE IN THIS SPACE					
City & Stat	SPRIN	UGS FL	City & State CORAL SP	eings Fl	4. F	El Number 65-083884 ()	_ 	plied For t Applicable	
330	76 °	Ountry	33076	Country	5. C	Pertificate of Status Desired		3.75 Add e Required		
	6. Name and	Address of Current R	egistered Agent	giore.	7. N	ame and Address of New I	Registered Age	int		
CIRINO, P				.21	Name PAULA CIRINO Street Address (P.O. Box Number is Not Acceptable)					
	ih street Erdale FL 3330	01	•	Street Address (P.O. Box Number is Not Acceptable) 5944 CORAL RIDGE DR. #137						
				CityCOR	ALS	SPRINGS	FL	Zip Code	076	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
्रं SIGNATURE .	/ans	11 to	PRESIL	ENT		4/	14/02	י ب		
	Signature, typed or prir	nted name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signature re-	quired when rei	nstating)	DATE			
Tax filing	oration is eligible t requirement and e ria on back)	to satisfy its Intangible elects to do so.	1	FEE IS \$150.00 Fee will be \$550.0 to Department of		10. Election Campaign Fil Trust Fund Contribution			0 May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.	ADI	DITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CIRINO, PAUL 200 SOUTHEA FT LAUDERDA	ST 6TH STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTL PAUL 5944) A.CIRINO H CORAL RIL AL SPRINGS	PGE PR	Change . # /	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORP	L SPRING] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C] Change	☐ Addition	
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
I hereby c	ertify that the info	rmation supplied with the	nis filing does not qualify for th	ne exemption stated in	n Section 11	19.07(3)(i), Florida Statutes.	I further certify t	hat the inf	formation	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: