FILE NOW:	FILING FEE AFTER	MAY 1ST IS \$550.00
PROFIT		ELODIDA DEPARTMENT DE STATI

CORPORATION ANNUAL REPORT

1998

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ARTCRAFT PRINTERS INC

FILED

Jan 29 1998 8:00am

Secretary of State

Maling Address Mali											
P.O. BOX 897 TALLAMASSEE FL 32042945 TALLAMASSEE FL 32042945 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 01/12/1960 Applied For 121 26 Soles, Apt. 4, etc. Soles,	Principal Place	e of Business	Mai	ling Address							:#II #1#II (##I
TAILAMASSEE FI. 3204-2845 TAILAMASSEE FI. 3204-2845 TAILAMASSEE FI. 3204-2845 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Outs incorporated or Qualified 01/12/1960 2. Principal Place of Business 22. Mailing Address 321 232 233 245 257 26											
8. Principal Place of Business					A-28A5			DO NOT WRITE IN THIS SPACE			
Principal Place of Business 2a, Maling Address 5 5 5 5 5 5 5 5 5	TALLAMASSEE PL 32304-2045										
Sulle, Apt. P. etc. 29								01/12/1960			
Suite, Apt. 4, etc. 27	2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
City & State City & State City & City & City & State City & City & State City & State City & City	21 26							59-0883690		N	ot Applicable
City & State City & State City				 1			5. Certificate of Status Desired				
Zip Country Zip				Oit a Otal					-		
Zip Country Zip Country Surp Country Surp	<u> </u>	1		Jity & State			j	, , , ,			
Solution		Country									
B. Name and Address of Current Registered Agent HIGGINS, JAMES M 119 CENTURY PARK DR PO BOX 897 TALLAHASSEE FL 32304 88 88 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.6502 and 607.6505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.6505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HIGGINS, JAMES M 13 STREET ADDRESS CITY-51-7P HIGGINS, JAMES M 13 STREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE DELETE 31 TITLE Change Addition NAME SIREET ADDRESS CITY-51-7P TITLE Change Addition NAME SIREET ADDRESS S	<u> </u>	├ ── `				,			-		:
11. Pursuant to the provisions of Sections 607 G502 and 607 L505, Fiorists statutes in the above-hamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorists statutes, but above-hamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorists statutes, such changes agent the above-hamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, such changes agent the supportment as registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, such changes agent the supportment as registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, such changes agent the supportment as registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, such changes agent the supportment as registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, such changes agent the supportment as registered agent. I am familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, such changes agent the supportment as registered agent agent for the purpose of changing its registered agent familiar with, and accept the obligations of, Section 607 G505, Fiorida Statutes, I further certify that the information supplied with his filing does not guilify for the examption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information of the support of the purpose of the pu				red Agent	133						
PO BOX 897 TALLAHASSEE FL 32304 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,6502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE PD NAME HIGGINS, JAMES M 119 CENTURY PARK DR 1 STRET ADDRESS 1 STRET ADDRESS 2 A GITY ST. ZIP ITIE DELETE 1 ITIE DELETE 1 ITIE Change Addition NAME 3 STRET ADDRESS 2 YAME 3 STRET ADDRESS CITY ST. ZIP TILE DELETE 4 ITIE DELETE 4 ITIE Change Addition NAME 1 STRET ADDRESS 1 STRET A	HIC	GGINS, JAMES M			8	31	Name			_	
TALLAHASSEE FL 32304 83 84 City FL 85 Zip Code 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 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, in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of the purpose of changing its registered agent as a proporation for the purpose of changing its registered agent, and accept the obligation of the purpose of changing its registered agent as a proporation for the purpose of changing its registered agent as a proporation for the purpose of changing its registered agent as a proporation for the purpose of changing its registered agent as a proporation for the purpose of changing its registered agent and registered agent as a proporation for the purpose of changing its registered agent as a proporation for the purpose of changing its registered agent and registered agent as a proporation for the purpose of changing its registered agent and registered agent as a proporation for the purpos	119	GENTURY PARK DR			8	82 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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, and accept the obligations of, Section 807.0508, Profided Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INSERT ADDRESS SIGNATURE PD INSERT ADDRESS 1.1 STREET ADDRESS 1.2 STREET ADDRESS CITY-ST-2P INTE OFFICERS AND DIRECTORS IN 12 Change Addition Addition NAME STREET ADDRESS 2.2 CITY-ST-2P INTE OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTER ADDITIONS	PO	BOX 897			L				-,		
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. In mil familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HIGGINS, JAMES M 119 CENTURY PARK DR TALLAHASSEE FL L Change Addition NAME STREET ADDRESS CITY-ST-ZPP TITLE DELETE 1.1 TITLE DELETE 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZPP TITLE DELETE 3.4 CITY-ST-ZPP TITLE DELETE Addition NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZPP TITLE DELETE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition NAME 3.3 STREET ADDRESS CITY-ST-ZPP TITLE DELETE DELETE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	TAI	LLAHASSEE FL 32304			٤	33					
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HIGGINS, JAMES M 119 CENTURY PARK DR SIRET ADDRESS CITY-S1-2IP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-S1-2IP TITLE 1.3 STREET ADDRESS CITY-S1-2IP TITLE 1.4 CHANGES 1.5 STREET ADDRESS CITY-S1-2IP TITLE 1.5 STREET ADDRESS CITY-S1-2IP 1.5 STREET AD					8	34	City	<u> </u>		85 Zip	Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HIGGINS, JAMES M 119 CENTURY PARK DR SIRET ADDRESS CITY-S1-2IP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-S1-2IP TITLE 1.3 STREET ADDRESS CITY-S1-2IP TITLE 1.4 CHANGES 1.5 STREET ADDRESS CITY-S1-2IP TITLE 1.5 STREET ADDRESS CITY-S1-2IP 1.5 STREET AD	11. Pursuant t	o the provisions of Sections 607.0	502 and 607	7.1508, Florida Statu	tes, the abo	ve-i	named corpo	ration submits this statement for the p	urpose of	changing i	ts registered
12	office or re agent. I ar	egistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida ligations of, :	. Such change was Section 607.0505, Fl	authorized orida Statut	by t les.	the corporation	n's board of directors. I hereby accep	t the app	ointment as	registered
TILE PD DELETE 1.1TILE	SIGNATURE .										
TITLE HGGINS, JAMES M 119 CENTURY PARK DR 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE ITTLE I						Agent	t signature required			DIBECTO	28 IN 12
NAME HIGGINS, JAMES M 19 CENTURY PARK DR 13 STREET ADDRESS 119 CENTURY PARK DR 14 CITY-ST-ZIP			IND DIVICOT			 E		ABBITTORIO/CITATOES TO STATE	LIO AND		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE TITL		HIGGINS.JAMES M									
TALLAHASSEE FL											
TITLE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHTV-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTV-ST-ZIP TITLE DELETE 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME Addition NAME DELETE S.1 TITLE Change Addition NAME Addition NAME DELETE S.1 TITLE Change Addition NAME Addition NAME Change Addition NAME Addition NAME	3	TALLAHASSEE FL					i				ľ
2,3 STREET ADDRESS 2,4 CITY-ST-ZIP				DELETE						Change	Addition
CITY - ST - ZIP	NAME				2.2 NAM	Ε					ľ
TITLE	Street Address	ress			2.3 STREET ADDRESS		DORESS		. 14		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1. TITLE A. STREET ADDRESS CITY-ST-ZIP TITLE A. STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1. TITLE A. STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1. TITLE A. STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-Z	CITY - ST - ZIP				2. 4 CITY	2. 4 CITY - ST - ZIP					4
STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1.1 TITLE A.2. NAME STREET ADDRESS CITY-ST-ZIP TITLE A.3. STREET ADDRESS CITY-ST-ZIP TITLE A.4. CITY-ST-ZIP TITLE A.5. TITLE A.6. TITLE	TITLE			☐ DELETE	3.1 TITLE	3.1 TITLE				Change	Addition
City - St - ZiP	NAME				3.2 NAM	E					ļ
TITLE DELETE 4.1 TITLE GRANGE Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE CHANGE Addition STREET ADDRESS CITY- ST- ZIP TITLE CHANGE Addition Addition Addition Addition Addition STREET ADDRESS CITY- ST- ZIP TITLE CHANGE Addition	STREET ADDRESS				3.3 \$TRE	ET AC	DDRESS				j
NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 1.1 DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 1.1 DELETE 6.1 TITLE 6.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information						- ZiP					
STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP S4.4 CITY-ST-ZIP S5.2 NAME STREET ADDRESS CITY-ST-ZIP S4.4 CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP S4.4 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		☐ DELETE							Change	! Addition	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Change Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					•						
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE OCHANGE Addition NAME STREET ADDRESS CITY- ST-ZIP TITLE 6.1 TITLE CHANGE STREET ADDRESS CITY- ST-ZIP THE 6.2 NAME STREET ADDRESS CITY- ST-ZIP 14. 1 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	- 1										
NAME STREET ADDRESS CITY-ST-ZIP 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				L DESCRIP		_	ZIP			Change	- I Addison
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				FT DEFEIG						∪ wange	L.J. Addition
CITY-SI-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-SI-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					1						1
TITLE DELETE 6.1 TITLE Change Addition											
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				DELETE	_	_	ZIP			Chance	Addition
STREET ADDRESS CITY-ST-ZIP 14. 1 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				L DEFEIG						onange	A0010011
CITY-ST-ZIP 6.4 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	1						anoree				
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	ľ										
		ertify that the information supplied	with this filir	ng does not qualify f				action 119.07(3)(i), Florida Statutes, I f	urther ce	tify that the	information

indicated on this annual report of supplemental annual report is true and accurate and triat first signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or frustee 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.