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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90101 004 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **253200**

1. Corporation Name
DEPENDABLE PRINTING & OFFSET CORP.



Principal Place of Business
 1875 WEST 8TH AVE
 HIALEAH FL 33010

Mailing Address
 1875 WEST 8TH AVE
 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1961

4. FEI Number
59-0948602

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State

8. This corporation owes the current year intangible Personal Property Tax. Yes No

Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LOPILATO, JILL
11606 SUNFISH WAY
COOPER CITY FL 33026

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **C**
 STREET ADDRESS **RUBIN, MILTON H**
1465 LANTANA CT
FT LAUDERDALE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **P**
 STREET ADDRESS **LOPILATO, JILL**
11606 SUNFISH WAY
COOPER CITY FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **ST**
 STREET ADDRESS **RUBIN, RICHARD**
10418 PLAZA CENTRO
BOCA RATON FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **21509 HALSTEAD DRIVE**
BOCA RATON, FL 33428
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)