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

PROBIT. - CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 284357

(1)

TYPO-GRAPHICS INC

FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				THE STATE OF THE S	DIBIT BIDIT BIDIT BIBIT BIBIT FEBT		
2602 E LIVINGSTON ST 2602 E LIVINGSTON ST ORLANDO FL 32803 ORLANDO FL 32803							
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address			10/01/1964 4. FEI Number	Applied For	
21		26			59-1060489	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
22	27				5. Certificate of Status Desired	Fee Required	
		City & State	Dity & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	<u>Ի</u> լ		Countr	У	8. This corporation owes or has paid the current year Intangible		
24	[25] 9. Name and Address of Current		30		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No	
EO.		Treglatered Agent	81	Name		······································	
FRANKLIN, KEITH				, tuitio	TAMES BOSEMENTS ress (P.O. Box Number is Not Acceptable)	1	
SOR SUNNYBROOK COURT ORLANDO FL 32820				Street Addr	ress (P.O. Box Number is Not Acceptable) 2602 E LIVING STW		
011	DANDO FL 32020		83	ļ	2602 E LIVINGSTON	····	
					<i>\$</i>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
			84	City A	PLANDA	FL 85 Zip Code 37803	
11. Pursuani t	to the provisions of Sections 607.0502	and 607.1508, Florida Statuto	s, the abov	re-named corp	poration submits this statement for the purpo tion's board of directors. I hereby accept the		
office or n	egistered agent, or both, in the State c m familiar with, and accept the obligat	if Horida. Such change was a ions of, Section 607,0505. Flo	uthorized b rida Statute	y the corporat	tion's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	Dura Tosagnara	· _			4/2	a 1 a 8	
DIGITATORE	Signature, typed or printed name of registered lagent	and tale diapplicable (NOTI	Hogistered Ag	ont signature requir	red when reinstating) 4 12	TE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	V	DELETE	1.1 TITLE	V	and Paramatoh	Change Addition	
NAME	HULS, NORMAN		1.2 NAME		TAMES BOSSEMENOR 2602 E LIVINGSTON ST		
STREET ADDRESS	ODI ANDO EI					i	
CITY-ST-ZIP TITLE	V	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	ORLANDO FL 32803	Change Addition	
NAME	HANDLEY, CAROL R	Leg VILLE	2.1 THEE			Li Change Li Addition 1	
STREET ADDRESS	4718 DEER RD			T ADDRESS			
CITY-ST-ZIP	ON ALICO EL		2.3 STREE	i			
TITLE	The state of the s		31 TITLE	31-211		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	I ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST - ZIP			
TALE	DELETE 4.1 T		4.1 THILE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY-ST-ZIP			4.4 CITY - 1	S1 · ZIP			
TITLE		☐ DELETE	5.1 T(TLE	i		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 S1REE	ADDRESS			
CITY-ST-ZIP	<u> </u>	Deceme	5.4 CITY - :	ST-ZIP		1 00	
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADORESS			4	ADDRESS			
CITY-ST-ZIP			64 CITY-5	ST-ZIP			

4. 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 supplicemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or frusted 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.