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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

285370

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ARCADE LITHOGRAPHING CORP

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2108 WHITFIELD PARK LOOP

Mailing Address

2108 WHITFIELD PARK LOOP SARASOTA EL 34243



						109/28/1964	or Qualified	3a. Date o	f Last Re /07/19	
2. Principa' Pla	ice of Business	2a. Mailing Address			4. FE	l Number		<del></del>		Applied For
21		26				59-108565	3			Not Applicable
Suite, Apt. ∄ 22	i, etc.	Suite, Apt. #, etc.			5. Ce	ertificate of Status	s Desired			Additional
City & State		City 8 State		····				<u> </u>		Required
23		28				ection Campaign ust Fund Contribi				May Be
Z(j)	Country	Zip	Cour	itry		is corporation ha		ntangible tav		to Fees
24	25	29	30	•		orida Statutes	Yes	□ No	Unicidor S	188.032,
	9. Name and Address of Curre	ent Registered Agent			10. N	ame and Addres	ss of New Re	egistered A	ent	
				81 Name						
	CLARENCE R.		<u>-</u>	B2 Street A	Address (P.O.	Box Number is N	lot Accentabl	6)		
	TH AVE., DR E.			O O O O O	AUGICSS (F. 70)	Lask Harrison is 1	tot riccoptain	C <sub>1</sub>		
BRADEN	NTON FL 34203			B3						
			ŀ	B4 City					85 Zir	o Code
				" "				FL		
11. Pursuant to	the provisions of Sections 607.050 ed agent, or both, in the State of Flo	02 and 607.1508, Florida Statut	es, the abov	e-named co	proporation sub-	nits this statemen	nt for the purp	ose of chan	ging its re	egistered office
familiar with	ir, and accept the obligations of, Sei	ction 607.0505, Florida Statutes	so by the CC S.	n poration s	DONLO OL GILGO	iors. i nereby <b>a</b> cc	podda ent tdex	entment as re	gistered	agent. I am
SIGNATURE .										
	Signature: Types for printed hame of registerest age	eit and tide if applicable (NC ND DIRECTORS		gent signature re	equired when reinsta			DATE		
					4.5					
12.			13.	1	AD	DITIONS/CHANC	SES TO OFFK			
THE	DPT	DELETE	1. 1 TIT		AD	DITIONS/CHANC	GES TO OFFI		Change	Addition
THE NAVE	DPT URBAN, CLARENCE		1. 1 TIT 1.2 NAM	/E	AD	DITIONS/CHANG	GES TO OFFK			
THE NAME STREET ADDRESS	DPT Urban, Clarence 3319 59TH AVE DR E		1. 1 TIT 1.2 NAM 1.3 STR	/E EE1 ADORESS	AD	DITIONS/CHANC	GES TO OFFK			
THE NAME STREET ADDRESS CITY: ST-ZIP	DPT URBAN, CLARENCE	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT	VE EET ADORESS V-ST-ZIP	AD	DITIONS/CHANC	JES TO OFFK		Change	Addition
THE NAME STREET ADDRESS	DPT URBAN, CLARENCE 3319 59TH AVE DR E BRADENTON FL		1. 1 TIT 1.2 NAM 1.3 SIR 1.4 CIT 2. 1 TIT	AE EE1 ADORESS (-S1-ZIP LE	AD	DITIONS/CHANG	GES TO OFFK			
THE NAME STREET ADDRESS COLY-ST-ZIP THEF	DPT URBAN, CLARENCE 3319 59TH AVE DR E BRADENTON FL DS	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2. 1 TIT 2.2 NAM	JE EE1 ADORESS /-S1-ZIP IE	AD	DITIONS/CHANG	GES TO OFFK		Change	Addition
THE NAME SHELL ADDRESS CHY-SL-ZIP HILE NAME SHELL ADDRESS	DPT URBAN, CLARENCE 3319 59TH AVE DR E BRADENTON FL DS URBAN, STEPHEN J.	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR	ME EET ADDRESS (-ST-ZIP LE ME EET ADDRESS	AD	DITIONS/CHANG	SES TO OFFI		Change	Addition
THE NAME STREET ADDRESS CHY-SE-ZIP THEF NAME	DPT URBAN, CLARENCE 3319 59TH AVE DR E BRADENTON FL DS URBAN, STEPHEN J. 3319-59TH AVE DR E.	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR	PE EET ADDRESS (-ST-ZIP EE HE FET ADDRESS (-ST-ZIP	AD	DITIONS/CHANG	SES TO OFFI		Change Change	Addition
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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 changes for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-755-2655