

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **352172** (1)  
1. Corporation Name  
**MULTI-COLOR PRINTING, INC.**



Principal Place of Business  
**1249 DIXIE CUTOFF RD  
STUART FL 34994-3437**

Mailing Address  
**1249 DIXIE CUTOFF RD  
STUART FL 34994-3437**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/12/1969</b>	3a. Date of Last Report <b>04/15/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number <b>59-1271895</b>	Applied For Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHMOYER, JAMES B  
1249 DIXIE CUTOFF RD  
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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	PD	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>SCHMOYER, JAMES B.</b>	1.2 NAME	<b>SCHMOYER, STEPHEN M.</b>
STREET ADDRESS	<b>1249 DIXIE CUTOFF ROAD</b>	1.3 STREET ADDRESS	<b>"</b>
CITY-ST-ZIP	<b>STUART FL</b>	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	<b>SCHMOYER, SANDRA L.</b>	2.2 NAME	<b>AS BEFORE</b>
STREET ADDRESS	<b>1249 DIXIE CUTOFF RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<b>VICE-PRESIDENT</b>
NAME	<b>SCHMOYER, STEPHEN M.</b>	3.2 NAME	<b>SCHMOYER, JAMES B. JR.</b>
STREET ADDRESS	<b>1249 DIXIE CUTOFF ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<b>TREASURER</b>
NAME	<b>SCHMOYER, JAMES B.</b>	4.2 NAME	<b>SCHMOYER, JAMES B. JR.</b>
STREET ADDRESS	<b>1249 CUTOFF ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE **JAMES B. SCHMOYER JR. (TREAS)** 7/18/97 (561) 297 1676

CR2E034 (4/97)