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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

DOCUMENT # 396663

BOB'S PRINTING, INC.

FILED Feb 04 1997 8:00am Secretary of State

Principal Place of Business Mailing Address			T FOR IRB 11110 10110 01510 01510 01510 01505 1155 05051 05051 05051 05051 05051 05051			
1312 MARKET CIRCLE. UNIT 1		1312 MARKET CIF	RCLE, UNIT 1			
PORT CHARLOTTE FL 33	1953	PORT CHARLOTTI	E FL 33953-3831			
					3. Date Incorporated or Qualified 03/01/1972	3a. Date of Last Report 05/01/1996
Principal Place of Business Substitute Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-1400063	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	<u> </u>	ntry	8. This corporation has liability for in	
24	25 ame and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No
		an Hedistelen Adeit		81 Name	10. Name and Address of New Yes	Israian waaur
CARDWELL,	T CIRCLE UNIT 1				HNarus, De	an Li
	LOTTE FL 33953		,	82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
PONT CHAN	LUTTE FL 33893		I	83	A mark T B	0/ 110.70 /
				° 131	2 market Ci	
				84 City	at Charlotte	FL 85 Zip Code 53
11. Pursuant to the pr	ovisions of Sections 607.05	02 and 607.1508, Flori	da Statutes, the a	oove-na ried co	rporation submits this statement for the pr	
office or registered agent. I am familia	agent, or both, in the Stater with and accept the obli-	te of Florida. Such char dations of Section 607	ige was authorize .0505. Florida Stat	d by the corporates.	rporation submits this statement for the parties at a statement of the parties at a statement of the parties at a statement for the parties at a statement	t the appointment as registered
SIGNATURE.	100 M	(dula	•		•	1-16-97
Signature,		gent and title if applicable		d Agent signature req	uired when reinstating)	DATE
12. 1111 PD	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
CARRY	WELL, SHIRLEY	U		1	andrus Dean	Change Addition
200 40	WELL, SHIRLET EY LANE		1.2 N		\$1964 Ghandale.	A. 0 .
OT CH	IARLOTTE FL			REET ADDRESS	11464 G Lendall	71 22006
CITY-ST-ZIP PST	MILOTILIL	2 6		TY-ST-ZIP	pr. Choshone,	Change Addition
1 1	WELL, WILLIAM C		22 N	1	Thagain	Cas puttings C'''l vocation
EAR VI	EY LANE			REET ADDRESS	Andres, Jaff	m .
	ARLOTTE FL		1	ITY-SY-ZIP	21764 GLandah	2 21 33954
TOLE	X WILL THE TE	По	ELETE 3.171		pr. c.	Change Addition
NAME		- است	3.2 N		•	
STREET ADDRESS				REET ADDRESS		
CITY- S1-7IP				ITY-ST-ZIP		
TITLE			ELETE 4.1 TI			Change Addition
NAME			4.2 N	Į.		•
STREET ADDRESS				FREET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		□ 0	ELETE 5.1 TI			☐ Change ☐ Addition
NAME			5.2 N	ame		
STREET ADDRESS			5 3 ST	REET ADDRESS	•	
City - SI - Zip				TY-ST-ZIP		
TITLE	,		ELETE 61 TI	TLE		Change Addition
NAME			i 62 N	AME		
STREET ADDRESS			6.3 S	ireet address		
CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·			TY-\$T-ZIP		
14. I do hereby certify	that the information suppl	ied with this filing does	not qualify for the	exemption state	ed in Section 119.07(3)(i). Florida Statutes	. I further certify that the

The information indicated on this applied with this filling todes not qualify to the exemption stated in Section 119.07(3)(i), Notice Statutes. Further certify that the information indicated on this applied 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 13 or Block 13 if changed, or on an attact ment with an address. I am an officer or direct appears in Block 12 or I

629-2218