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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

UMENT # 414

(4)

LITHOCOLOR PRINTING CORPORATION

FILED Jan 23 1998 8:00am Secretary of State

P.O. BOX 260866 TAMPA FL 33685-0866 P.O. BOX 260866 TAMPA FL 33685-0866 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Cartificete of Status Desired \$8.75 Additional	LITHOCOLOR PRINTING CORPORATION								
TAMPA FL 33885-0886 Principal Place of Business 2a. Mailing Address 2b. Sute, Apt. 4, etc. Sute,	Principal Place	of Business	Mailing Addres	ss				DJI BIBII DIBII DIBII D	(0) 100
TAMPA FL 33885-0868 Principal Place of Business 2a. Mailing Address 2b. Sute, Apt. #, etc. Sute,	P.O. BOX 260866 P.O. BOX 260866								
2. Principial Place of Business 2a. Malling Address 4. FEI Numbers 4. FEI Numbers 59-1465670 Not Applicable 75							DO NOT WRITE IN	THIS SPACE	
2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Sp. 1465670 Not Applicable Suite, Apt. #, etc. 27 Cliy & State 6. Election Campaign Financing S8.75 Additional Pee Required S8.75 Addition							3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1465670 Not Applicable							12/15/1972		
Suite, Apr. II, etc. Suite, Apr. II, etc. Suite, Apr. III, etc. Suite,	2. Principal Pla	ce of Business	2a. Mailing Ad-	dress		•			Applied For
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	21		26				59-1465670		Not Applicable
City & State City	Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			_	¬ \$8.75	Additional
28							S. Certificate of Status Besired	Fee	Required
Zip	<u></u>			& State					
28 29 30 Personal Property Tax due June 30. Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Na		Country			Country				
9. Name and Address of Current Registered Agent HAUFT, WILLIAM H., JR. TOWN JR. HILLSBOROUGH AVE TAMPA FL. 33615 11. Pursuant to the provisions of Sections 607 0502 and 507,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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, and accept the obligations of, Section 607,6505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PT DELETE 11. TITLE PT DELETE 11. TITLE PT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition NAME STREET ADDRESS TOA W. HILLSBOROUGH AVE 1.4 CITY-ST-2IP TAMPA FL 1.4 CITY-ST-2IP TAMPA FL 2. ADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TAMPA FL 2. ADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TAMPA FL 2. ADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TAMPA FL 3. STREET ADDRESS TAMPA FL 4. CITY-ST-2IP TAMPA FL 3. STREET ADDRESS CITY-ST-2IP TAMPA FL 3. STREET ADDRESS TOWN 4. HILLSBOROUGH AVE 3. STREET ADDRESS TAMPA FL 3. STREET ADDRESS TOWN 4. HAUPT, WILLIAM H., III TAMPA FL 3. STREET ADDRESS TAMPA FL 3. STREET ADDRESS TOWN 4. HAUPT, CORRADELLE C. TAMPA FL 3. STREET ADDRESS TOWN TAMPA FL 3. STREET ADDRESS TOWN 4. STREET ADDRESS TOWN TAMPA FL 3. STREET ADDRESS TAMPA FL 4. CITY-ST-2IP TAMPA FL 3. STREET ADDRESS TOWN 4. STREET ADDRESS TAMPA FL 3. STREET ADDRESS TAMPA F	└		 	<u> </u>	_ ´				
HAUPT, WILLIAMI H., JR. 7704 W. HILLSBOROUGH AVE TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 83	[24]			<u> </u>	01				□ 1/10
TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ref	LAL		noglotored rigen		81	Name	10. Hame and Address of New Yegis	tered Agent	
TAMPA FL 33615 88					<u> </u>				
B8						Street Ad	dress (P.O. Box Number is Not Acceptable)		-
TIL. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	IAW	FA FL 33013			83				
TIL. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	Ī					<u> </u>			_
SIGNATURE Signature, typed or privated name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE					84	City		FL 85 Zi	o Code
SIGNATURE Signature, typed or privated name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes	the above	s-named co	rporation submits this statement for the purp	ose of changing	its registered
SIGNATURE Signature, typed or privated name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	agent. I am	gistered agent, or both, in the state to familiar with, and accept the obligat	tions of, Section 60	ange was aut 7.0505, Florid	norized by da Statutes	tne corpor 3.	ation's board of directors, I hereby accept th	ië appointment a	is registered
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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		N							

4. I bereby 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 at 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

illiam H. Haupt

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