

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90299 011 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 414729**

1. Corporation Name  
**LITHOCOLOR PRINTING CORPORATION**



Principal Place of Business <b>P.O. BOX 260866</b> <b>TAMPA FL 33685-0866</b>	Mailing Address <b>P.O. BOX 260866</b> <b>TAMPA FL 33685-0866</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4909 LOWELL RD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33624</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>4909 LOWELL RD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33624</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>12/15/1972</b>	
		4. FEI Number <b>59-1465670</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HAUPT, WILLIAM H., JR.</b> <b>7704 W. HILLSBOROUGH AVE</b> <b>TAMPA FL 33615</b>				10. Name and Address of New Registered Agent 81 Name <b>WILLIAM H. HAUPT JR</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4909 LOWELL RD</b> 83 84 City <b>TAMPA</b> 85 Zip Code <b>FL 33624</b>	

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 William H. Haupt DATE 4-22-1999  
Signature, typed or printed in line of registered agent and title if applicable. (NO E: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HAUPT, WILLIAM H., JR. 4909 LOWELL RD TAMPA FL 33624 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAUPT, WILLIAM H., III 4135 BRENTWOOD PARK CIR TAMPA FL 33624 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUPT, CORRADELLE C. 4909 LOWELL RD TAMPA FL 33624 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: William H. Haupt DATE 4-22-99 (813) 961-0062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)