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Secretary of State

03-01-1999 90103 018 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **447131**

1. Corporation Name
FLORIDA PRECISION GRAPHICS CORPORATION

Principal Place of Business: 5745 COLUMBIA CIRCLE WEST PALM BEACH FL 33407
 Mailing Address: 5745 COLUMBIA CIRCLE WEST PALM BEACH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **1420 Ocean Way**
 Suite, Apt. #, etc.: 22 **#24C**
 City & State: 23 **Jupiter, FL**
 Zip: 24 **33477** Country: 25 **Palm Beach**

2a. Mailing Address: 26 **same as #2**
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

3. Date incorporated or Qualified: **03/04/1974**
 4. FEI Number: **59-1511823** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
GUTTERIDGE, JANICE M.
1420 OCEAN WAY, #24C
JUPITER FL 33477

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PDC <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTTERIDGE, JANICE M. | 1.2 NAME | |
| STREET ADDRESS | 1420 OCEAN WAY, #24C | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | |
| TITLE | TS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTTERIDGE, JANICE M. | 2.2 NAME | |
| STREET ADDRESS | 1420 OCEAN WAY #24C | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCLURE, GLENDA | 3.2 NAME | |
| STREET ADDRESS | 1730 SHILOH LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTTERIDGE, PAMELA A | 4.2 NAME | |
| STREET ADDRESS | 1420 OCEAN WAY, #24C | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Janice M. Gutteridge* President 2/1/99 561-747-3043
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)