

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 498334 (2)
1. Corporation Name
MR. QUICKPRINT, INC.



Principal Place of Business: **2741 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306**
Mailing Address: **2741 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **03/05/1976**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-1653658**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 3446 NE 12 AVE.**
22. City & State: **23 FT. LAUDERDALE FL**
24. Zip: **24 33334** Country: **25 USA**
2a. Mailing Address: **26 3446 NE 12 AVE**
27. City & State: **28 FT. LAUDERDALE FL**
29. Zip: **29 33334** Country: **30 USA**

9. Name and Address of Current Registered Agent
**VECCHIO, JOSEPH A. JR.
2929 E COMMERCIAL BLVD
FT. LAUDERDALE FL 33308**

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 officer 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 _____ DATE _____
Signature typed or printed name of registered agent in the block above. (Do not file this block if agent signature is required for registration.)

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	MUSCHETT, PATRICIA F.	
STREET ADDRESS	1661 NE 56TH COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MUSCHETT, NEVILLE A.	
STREET ADDRESS	1661 NE 56TH COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	MUSCHETT, GORDON E.	
13. STREET ADDRESS	1661 NE 56 COURT	
14. CITY - ST - ZIP	FT. LAUDERDALE FL 33334	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *P.F. Muschett* P.F. MUSCHETT 4.16.96 954/566-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)