

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 504542 (2)
 1. Corporation Name
SERVICE PRINTERS OF FLORIDA, INC.



Principal Place of Business 1318 51ST AVENUE WEST PO BOX 1177 PALMETTO FL 34220	Mailing Address 1318 51ST AVENUE WEST PO BOX 1177 PALMETTO FL 34220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 same as above	22	26 same as above	27	06/03/1976	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	
22 City & State		27 City & State		59-1678470	
23 Zip		28 Zip		Applied For	
24 Country		29 Country		Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent
**BABECKI, PAUL C.
 1318 51ST AVENUE WEST
 PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name	Norene A. Babecki
82 Street Address (P.O. Box Number is Not Acceptable)	7408 13th Ave. Dr. W.
83 City	Bradenton FL 34209
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 Norene A. Babecki Norene A. Babecki, Sec.-Treas.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	President
NAME	BABECKI, NORENE A	1.2 NAME	David J. Babecki
STREET ADDRESS	901 21ST AVE W	1.3 STREET ADDRESS	901 20th Ave. W.
CITY-ST-ZIP	PALMETTO, FL 00000	1.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	PD	2.1 TITLE	
NAME	BABECKI, PAUL C	2.2 NAME	
STREET ADDRESS	901 21ST AVE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(j), 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: Norene A. Babecki Sec.-Treas. 04/23/98

CR2E034 (10/97)