SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 574173

1. Corporation Name
Winter Park Printers, Inc.

Principal Place of Business
937 Millenbeck Avenue
Deltona, Fl. 32725

Mailing Address
937 Millenbeck Avenue
Deltona, Fl. 32725

3. Date Incorporated or Qualified: 5/30/1978
3a. Date of Last Report: 5/1995

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: 59-1821524 [ ] 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 has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Patricia M. LoDolce
937 Millenbeck Avenue
Deltona, Fl. 32725

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 Section 607.0502, 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: Patricia M. LoDolce Patricia M. LoDolce 7/3/96

12. OFFICERS AND DIRECTORS		
TITLE	D P	[ ] DELETE
NAME	King, Bryan	
STREET ADDRESS	4150 John Young Pkwy	
CITY-ST-ZIP	Orlando, Fl.	
TITLE	ST	[ ] DELETE
NAME	LoDolce, Patricia	
STREET ADDRESS	937 Millenbeck Avenue	
CITY-ST-ZIP	Deltona, Fl.	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		[ ] Change	[ ] Addition
1 TITLE			
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		[ ] Change	[ ] Addition
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		[ ] Change	[ ] Addition
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		[ ] Change	[ ] Addition
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE			[ ] Addition
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[ ] Change	[ ] Addition
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-ZIP			

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-08/20/96--01065--046
***225.00

CR2E034 (3/96)

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 report or supplemental 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.

8/19/96

SIGNATURE: Patricia M. LoDolce Patricia M. LoDolce 7/3/96 407-860-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR