FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 672550 (1)

1. Corporation Name
ZASADA PRINTING, INC.

Principal Place of Business	Mailing Address
~~119 S.R. 436~~ ~~FERN PARK FL 32730~~	~~119 S.R. 436~~ ~~FERN PARK FL 32730~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1980
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business: 21 1255 BELLE AVE
Suite, Apt. #, etc: 22 124
City & State: 23 WINTER SPRINGS FL
Zip: 24 32708 Country: 25 USA

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

4. FEI Number: 59-2004633 — [ ] 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

ZASADA, ROBERT R I.
~~110 S.R. 436~~
~~FERN PARK FL 32730~~

10. Name and Address of New Registered Agent

81 Name: ZASADA PRINTING INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1255 BELLE AVE SUITE 124
83 WINTER SPRINGS
84 City: FL 85 Zip Code: 32708

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 ____ 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	VPS	1 1 TITLE	[ ] Change [ ] Addition
NAME	ZASADA, NANCY R	1 2 NAME	
STREET ADDRESS	202 WAVERLY DR	1 3 STREET ADDRESS	
CITY ST ZIP	FERN PARK, FL 00000	1 4 CITY ST ZIP	
TITLE	P	2 1 TITLE	[ ] Change [ ] Addition
NAME	ZASADA, ROBERT R I.	2 2 NAME	400001482064
STREET ADDRESS	202 WAVERLY DR	2 3 STREET ADDRESS	-05/10/95--01013--018
CITY ST ZIP	FERN PARK, FL 00000	2 4 CITY ST ZIP	****200.00 ****200.00
TITLE	T	3 1 TITLE	[ ] Change [ ] Addition
NAME	ZASADA, ROBERT R II	3 2 NAME	
STREET ADDRESS	202 WAVERLY DRIVE	3 3 STREET ADDRESS	
CITY ST ZIP	FERN PARK FL	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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: Robert R Zasada I ROBERT R ZASADA — 699-7555
As President Zasada Ptg. INC — 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080071 CP