

FILE NOW: FILING FEE AFTER MAY 15TH IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90153 026 ***150.00

0476502

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F34181

1. Corporation Name
PRINTING DIMENSIONS, INC.



Principal Place of Business
**6054 CLARK CENTER AVE
SARASOTA, FL 34238**

Mailing Address
**6054 CLARK CENTER AVE
SARASOTA, FL 34238**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/08/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2085068	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		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

**WOHLFORTH, KAREN A WYKA
6054 CLARK CENTER AVENUE
SARASOTA FL 34238**

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

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	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYKA, ELAINE F			1.2 NAME	LOOMIS, MARG		
STREET ADDRESS	6054 CLARK CENTER AVE			1.3 STREET ADDRESS	13900 49th ST. N.		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	Clearwater, FL 33762-3739		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYKA, BRIAN E			2.2 NAME	Bowersock, William		
STREET ADDRESS	6054 CLARK CENTER AVE.			2.3 STREET ADDRESS	13900 49th ST. N.		
CITY-ST-ZIP	SARASOTA, FL 00000			2.4 CITY-ST-ZIP	Clearwater, FL 33762-3739		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOHLFORTH, KAREN A WYKA			3.2 NAME			
STREET ADDRESS	6054 CLARK CENTER AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYKA, ELAINE, F.			4.2 NAME			
STREET ADDRESS	6054 CLARK CENTER AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 727-538-2515

CR2E034 (11/98)