

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 # **F45207** (0)
1. Corporation Name
M & M KWIK PRINTING, INC.



Principal Place of Business: **20162 CORTEZ BOULEVARD BROOKSVILLE FL 34601**
Mailing Address: **20162 CORTEZ BOULEVARD BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified: **09/09/1981**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business 17166 COLTER BLVD.	2a. Mailing Address SAME	4. FEI Number 59-2126705	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State BROOKSVILLE, FL.	28. City & State SAME	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 34601	29. Zip SAME	30. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ISKANDER, MOHEB 806 CROSSROADS PLAZA BROOKSVILLE FL 34601	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 17166 COLTER BLVD. 83. 84. City BROOKSVILLE, FL 85. Zip Code 34601
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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: _____ DATE: _____
Signature typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ISKANDER, MOHEB		1.2 NAME:	
STREET ADDRESS: 806 CROSSROADS PLAZA		1.3 STREET ADDRESS: 17166 COLTER BLVD.	
CITY-ST-ZIP: BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP: BROOKSVILLE, FL 34601	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ISKANDER, MEDHAT		2.2 NAME:	
STREET ADDRESS: 806 CROSSROADS PLAZA		2.3 STREET ADDRESS: SAME AS ABOVE	
CITY-ST-ZIP: BROOKSVILLE FL 34601		2.4 CITY-ST-ZIP:	
TITLE: STD	<input type="checkbox"/> DELETE	3.1 TITLE: STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ISKANDER, MAKRAM		3.2 NAME:	
STREET ADDRESS: 806 CROSSROADS PLAZA		3.3 STREET ADDRESS: SAME AS ABOVE	
CITY-ST-ZIP: BROOKSVILLE FL 34601		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 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: *M. Iskander* **M. ISKANDER** **4/26/96 (352) 799-339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)