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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

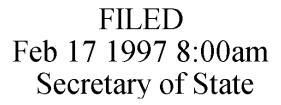
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F76276

(7)

THE ORMOND PRINTERS, INC.





Principal Place of Business Mailing Address						T HOUSEND TOLE HEALTH OLIVEN LIBOUR STALL BROWN TO THE COURT OF BEILD FOREIT		
% JOHN F. SN 31 WEST GRAN ORMOND BCH.	IADA BLVD.	% JOHN F. SI 31 WEST GRA	IOHN F. SNYDER WEST GRANADA BLYD. MOND BCH. FL 32174-6302					
UNINUNU BUN.	FL GZ174	OTHICID DOI	. 12 02174 0004	•		3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1982 03/22/1996		
	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For		
Suite, Apt	# ctc	26 Suite, Apt	# etc			59-2215967 Not Applicable \$8.75 Additional		
22	#, t.ic.	27	11, 010.			5. Certificate of Status Desired Fee Required		
City & Stati	e	City & Sta	ite			6. Election Campaign Financing \$5.00 May Be		
23	······································	28				Trust Fund Contribution Added to Fees		
Zιρ	Country	Zip	-	Country	•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25 g. Name and Address of C	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20]30	<u> </u>		Florida Statutes Florida Florida Florida Florida Florida		
SNY	DER, JOHN F	January Company	*****	81	Nam			
	VEST GRANADA BLVD.			82	Ctron	reet Address (P.O. Box Number is Not Acceptable)		
	IOND BCH. FL 32174			82	5000	reet Address (r. O. Box Mariber is Not Acceptable)		
				83				
				84	City	ity 85 Zip Code		
			·····			med corporation submits this statement for the purpose of changing its registered		
SIGNATURE:	Signature, typied or printed name of rigists	ered agent and title if applicable.	(NOTE: R	egistered Ag	ent signat	gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD		DELETE	11 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SNYDER, JOHN F	·	,	1.2 NAME				
STREET ADDRESS	31 W.GRANADA BLVD.			1.3 STREET	ADDRES	RESS		
CITY-ST-7IP	ORMOND BCH FL			1.4 CITY - S	ST - ZIP	P		
TITLE			DELETE	21 TITLE		Change Addition		
Name				2.2 NAME				
STREET ADDRESS				2.3 STREE				
CITY-ST-74"			DELETE	2. 4 CITY - 3.1 TITLE	SI-ZIP	Change Addition		
NAME		•	,	3.2 NAME				
\$1REET ADDRESS				3.3 STREE	I ADDRES	RESS :		
CITY-ST-ZIF				3.4. CITY-	ST-ZIP			
TOLE			DELETE	4.1 TITLE		Change Addition		
NAME				4. 2 NAME				
STREET ADORESS				4.3 STREE				
CITY-ST-ZIP TITLE		·····	DELETE	4.4 CITY-: 5.1 TITLE	51 - ZIP	P Change Addition		
NAME		⊩	_ Section .	5.2 NAME		The Charge Can House		
STREET ADDRESS				5.3 STREE		MESS		
CHY-ST-ZIP				5.4 CiTY-:				
TITLE		L	DELETE	6.1 TITLE		Change Addition		
NAME				6.2 NAME				
STREET ADDRESS			•	6.3 STAEE		1		
CITY - ST - ZIP	by assift tool the information of	upplied with this filing de	noe not auntiful	6.4 CITY-		P tion stated in Section 119 07(3)(i). Florida Statutes, I further certify that the		

real nectors carried that the information supplied with this litting does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information indicated on this annual report are 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 emptivered 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 any address.