FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F81308

DAVIE	PRINT SHOP, INC.				
		,		† 1007100 2101 10701 17000 JIHH 88101 1211 AJ	NI ALDI DINI AND PONTO PINCO
	4				
Principal Pla	ice of Business	Mailing Address	•	r regarion transmit tions (title Borde talls &)	ora mandra mandra mengali mengali mangrapan
4166 DAVIE R		4166 DAVIE RD			•••
4238 DAVIE R		4238 DAVIE ROAD DAVIE FL 33314-3434		DO NOT WRITE IN TH	IIC CDACE
US		US		3. Date Incorporated or Qualifed	iid denot
				05/14/1982	•
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number .	Applied For
21		26		59-1947015	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	•	27		5. Certifcate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	ed Agent
PFF	RGOLA, JOSEPH		bi Name		A second
4166 DAVIE RD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DAVIE FL 33314			83 -:-		2.0/2017-0-21
]			[63]		
			84 City	gradin ming and and control strategy design	* 85 Zip Code *** ***
11 Dureitan	t to the provisions of Sections 607.0502	and 607 1509 Etorida Statuto	os the above named com	Porntion cultonite this statement for the number	of shanging its registered
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	nointment as registered
SIGNATURE	am tamiliar with, and accept the obligati				somment da rogistoroa
	•	ons of, Section 607 0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	** *		•	
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require 13.	•	· · ·
l	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	od when reinstating)	· · ·
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:) DIRECTORS	Registered Agent signature require	od when reinstating)	AND DIRECTORS IN 12
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH	and title if applicable. (NOTE:) DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH	and title if applicable. (NOTE:) DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE	and title if applicable. (NOTE:) DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE	and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	od when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	od when reinstating)	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	od when reinstating)	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD PERGOLA, JOSEPH 467 LAYESIDE CIRCLE SUNRISE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition

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 chapged, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

化基格 病性症

127836362

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

/-/8-9°

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90063 049 ***150.00

(954) 791-8447 Daylin/Phone#

☐ Addition

☐ Change

CR2E034 (11/98)