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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F83317 (0)					
1. Corporation Name PRECISION ART BUSINESS FORMS, INC.					
Principal Place of Business 950 GENESEE AVE SEBASTIAN FL 32958 US			Mailing Address 950 GENESEE AVE SEBASTIAN FL 32958-0009 US		
2. Principal Place of Business 21 Suite Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite Apt #, etc 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 06/01/1982 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2206566 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHIELDS, ROBERT C 950 GENESEE AVE SEBASTIAN FL 32958			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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 of person 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 PST NAME SHIELDS, ROBERT C STREET ADDRESS 950 GENESEE AVE CITY- ST- ZIP SEBASTIAN FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
TITLE VD NAME SHIELDS, CARRIE M STREET ADDRESS 950 GENESEE AVE CITY- ST- ZIP SEBASTIAN FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
TITLE D NAME SHIELDS, ROBERT C STREET ADDRESS 950 GENESEE AVE CITY- ST- ZIP SEBASTIAN FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)