DOCUMENT # F83317 PRECISION ART BUSINESS FORMS, INC.   PROVIDED THE DESTINATION OF DURINESS FORMS, INC.   Provide of flucthess  DO NOT WRITE IN THIS SPACE  COVID SECTION  SECTION  DO NOT WRITE IN THIS SPACE  COVID SECTION  SECTION  DO NOT WRITE IN THIS SPACE  COVID SECTION  DO NOT WRITE IN THIS SPACE  COVID SECTION  SECTION  SECTION  DO NOT WRITE IN THIS SPACE  COVID SECTION  SE	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	Kathe Secre DIVISION OF	PARTMENT OF STATE prine Harris tary of State F CORPORATIONS	FILED Apr 08, 1999 8:00 an Secretary of State 04-08-1999 90063 018 ***150.00
PPECISION ART BUSINESS FORMS, INC.  medigat Place of Business Mailing Address Boo GRESSE AVE SEBASTIAN FL 3268 U  Concernent Development D	DOCUMENT # F8331	7		
Mailing Address     Mailing Address       BOO CRESSER AVE SEASTIAN FL 3256     800 CRESSER AVE SEASTIAN FL 3256     DO NOT WRITE IN THIS SPACE       3. Date Incorportised or Qualified OROUT 1982		AS, INC.		
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Principal Place of Busines         2a. Mailing Address         4. FET Number         Applied For Solute, Apt. #, etc.           Buillo, Apt. #, etc.         28         Suite, Apt. #, etc.         5.9-2205566         Nor Applicable Solutional Periods of Status Desired         Fee Required           City 3 State         21         Country         28         Science Address of Status Desired         Fee Required           Zip         Country         27         Country         8. Election Campeign Financing Trust Fund Control on wes the current year Integripter Personal Property Tax.         Science Address (P.O. Box Number is Not Acceptable)         Addeed DeFees           SHELDS, ROBERT C 950 GENESEE AVE         81         Name         81         Name         Science Address (P.O. Box Number is Not Acceptable)         83           SEBASTIAN FL 32558         81         City Code         81         Name         Science Address (P.O. Box Number is Not Acceptable)         81           Separation for projections of Sections 607 0502 and 607 1502, Floridd Statutes.         Babox - named corporation statement for the purpose of changing its registered office or registered agent, or hori, in the State of Florids. Statute Amarge was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or hori, in the State of Florids. Statute Amarge was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or hori, the oblaptions of cl				*** F
Buile, Apt. #, etc.     24     Suile, Apt. #, etc.     5     5     5     5     7     <	Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
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Zip         Country         Zip         Country         Zip         Country         B. This corporation owes the current year Integrable Particular Registered Agent           9. Name and Address of Current Registered Agent         I. Name and Address of New Registered Agent         I. Name and Address of New Registered Agent           SHELDS. ROBERT C 950 GENESEE AVE 	City & State			
Image: model     I			Country	8. This corporation owes the current year Intaggible
SHIELDS, ROBERT C     81     Name       SEBASTIAN FL 32958     84     City     FL     85     Zip Code       1. 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 agent, and accept the obligations of, Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505. Florida Statutes by the corporation submits this statement for the purpose of changing its registered agent. To PriceRS AND DIRECTORS IN 12       I. Pursuant to the provisions of Section 807.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. To PriceRS AND DIRECTORS IN 12     Image: Status its in the State of the spontance agent and the florida. Such change was authorized by the corporation submits the spontance agent and the florida. Such change was authorized by the corporation submits the spontance agent and the florida. Such change was authorized by the corporation submits the spontance agent and the florida. Such change was authorized by the corporation submits the spontance agent and the florida. Such change was authorized by the corporation submits the spontance agent and the florida. Such change was authorized agent and florida. Such change agent and florida. Such change age	25	<u> </u>	30	
950 GENESEE AVE     82     Street Address (P.O. box Number is Not Addepliate)       SEBASTIAN FL 32958     83       I- 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 agent, of white number is individual as registered agent, individual astregistered a	9. Name and Address of Curr	ent Kegistered Agent	81 Name	tu, name and Address of New Registered Agent
SEBASTIAN FL 32958       83         I. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fholde Statutes, the above-named corporation submits this statement for the purpose of change its and statutes and the advisor of directors. I hereby accept the appointment as registered agent, or both, in the State of Findra. Such change was always the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Findra. Such change was always the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Findra. Such change was always accept the appointment as registered agent (are directors. I hereby accept the appointment as registered agent as the advisor of the appointment as registered agent as the purpose of other appointment as registered agent as the advisor of the appointment as registered agent as the advisor of the appointment agent and the fibration as registered agent as registered agent as registered agent as the advisor of the appointment agent and the fibration as registered agent as registered agent and the fibration as registered agent			82 Street Add	ress (P.O. Box Number is Not Acceptable)
SEBASTIAN FL 32958         Ide City       FL 85       Zip Code         Code         City Code	950 GENESEE AVE		83	
office or registered agent, or both, in the State of Florida, Stuch offinge was attimorized by the corporation's board of unrecipits. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Phonda Statules.       DATE         IGNATURE       Signature, typed or privide name of registered agent and the if insplications.       (NOTE Registered Agent elementation)       DATE         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         NRE       SHELDS, ROBERT C       12 NAME         950 GENESEE AVE       13 STREET ADDRESS         Tr.st.zp       SEBASTIAN FL       14 OTT-S1-2P         NRE       SHELDS, CARRIE M       23 STREET ADDRESS         Tr.st.zp       SEBASTIAN FL       0 DELETE         11.       0 DELETE       21 TITLE         WRE       SHELDS, CARRIE M       23 STREET ADDRESS         Tr.st.zp       SEBASTIAN FL       0 DELETE         12.       0 DELETE       31 TITLE         NME       SHELDS, ROBERT C       32 STREET ADDRESS         Tr.st.zp       SEBASTIAN FL       0 DELETE         NME       SHELDS, ROBERT C       33 STREET ADDRESS         Tr.st.zp       SEBASTIAN FL       0 DELETE         NME       SHELDS, ROBERT C       33 STREET ADDRESS <t< th=""><th>SEBASTIAN FL 32958</th><th></th><th>84 City</th><th> 85 Zip Code</th></t<>	SEBASTIAN FL 32958		84 City	85 Zip Code
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SEBASTIAN FL       14 CITY-ST-2IP         LE       VD       DELETE       2.1 TITLE       Change       Addition         ME       SHIELDS, CARRIE M       2.3 STREET ADDRESS	Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli IGNATURE Signature, typed or printed name of registered a C. OFFICERS LE PST	te of Florida. Such Change was igations of, Section 607.0505, f agent and title if applicable. (NC AND DIRECTORS	tutes, the above-named corporat s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE	ed when reinstating)  add when reinstating)  bor add of CHANGES TO OFFICERS AND DIRECTORS IN 12
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I hereby certify that the information supplied with this filing does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 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 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 annual report is true and accurate and the second by Chorden Statutes. I for the same legal effect as if made under oath; that I am an annual report is true and be second by Chorden Statutes.	Pursuant to the provisions of Sections 607.0     office or registered agent, or both, in the Sta     agent. I am familiar with, and accept the obli      GNATURE     Signature. typed or printed name of registered a     OFFICERS      E     PST     SHIELDS, ROBERT C     950 GENESEE AVE     SEBASTIAN FL     U      KE     SHIELDS, CARRIE M     950 GENESEE AVE     SEBASTIAN FL     LE     D     SHIELDS, ROBERT C     950 GENESEE AVE     SEBASTIAN FL     LE     D     SHIELDS, ROBERT C     950 GENESEE AVE     SEBASTIAN FL     LE     D     SHIELDS, ROBERT C     950 GENESEE AVE     SEBASTIAN FL     LE     WE     SEBASTIAN FL     LE     WE     SEBASTIAN FL     LE     WE     SEBASTIAN FL     LE     ME     SEBASTIAN FL     LE     ME     SEBASTIAN FL     LE     ME	te of Florida. Such Change was igations of, Section 607.0505, f agent and title if applicable. (NC AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	itutes, the above-named corr s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	PL         poration submits this statement for the purpose of changing its registered         ion's board of directors. I hereby accept the appointment as registered         ad when reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Change       Addit         Change       Addit         Change       Addit         Change       Addit         Change       Addit         Change       Addit