


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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F95000002473 (5)</b> 1. Corporation Name <b>PRO PRINTING GROUP, INC.</b>		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1725 ROE CREST DR. P.O. BOX 3728 NORTH MANKATO MN 56002-3728	Mailing Address 1725 ROE CREST DR. P.O. BOX 3728 NORTH MANKATO MN 56002-3728
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/22/1995</b>	4. FEI Number <b>13-1961424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>C TAYLOR, GLEN</b>
STREET ADDRESS	<b>1725 ROE CREST DR.</b>
CITY - ST - ZIP	<b>NORTH MANKATO MN 56003</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DVST FALLENSTEIN, ALBERT</b>
STREET ADDRESS	<b>1725 ROE CREST DR.</b>
CITY - ST - ZIP	<b>NORTH MANKATO MN 56003</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DVAS SCHREIER, BRADLEY</b>
STREET ADDRESS	<b>1725 ROE CREST DR.</b>
CITY - ST - ZIP	<b>NORTH MANKATO MN 56003</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P SCHMITT, JOHN</b>
STREET ADDRESS	<b>1725 ROE CREST DR.</b>
CITY - ST - ZIP	<b>NORTH MANKATO MN 56003</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VAS KOZITZA, WILLIAM</b>
STREET ADDRESS	<b>1725 ROE CREST DR.</b>
CITY - ST - ZIP	<b>NORTH MANKATO MN 56003</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Albert Fallenstein 1/9/98 507-625-2828

CR2E034 (10/97)