

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

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97 OCT 23 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002703 (5)**

1. Corporation Name

**THE PRINT SHOP OF ORLANDO, INC.**

<b>Principal Place of Business</b> 999 WEST LANCASTER RD. BLDG 4 ORLANDO FL 32809 US	<b>Mailing Address</b> 999 WEST LANCASTER RD. BLDG 4 ORLANDO FL 32809-5885 US
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> 06/06/1995	<b>3a. Date of Last Report</b> 05/01/1996
<b>4. FEF Number</b> 59-3310695	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> SMITH, GARY 999 WEST LANCASTER RD. BLDG. 10 ORLANDO FL 32809	
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<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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** *Gary Smith* **GARY SMITH** **10-22-97**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>PC</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>WILMOT, RICHARD C</b>
<b>STREET ADDRESS</b>	<b>613 SHEPARD AVE.</b>
<b>CITY-ST-ZIP</b>	<b>APOKA FL 32712</b>
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>SMITH, GARY</b>
<b>STREET ADDRESS</b>	<b>1015 SEMORAN BLVD #1433</b>
<b>CITY-ST-ZIP</b>	<b>CASSELBERRY FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>700002331727-7</b>
<b>1.3 STREET ADDRESS</b>	<b>-10/28/97--01068--005</b>
<b>1.4 CITY-ST-ZIP</b>	<b>****750.00 ****750.00</b>
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>REINSTATEMENT</b>
<b>4.3 STREET ADDRESS</b>	<b>1997</b>
<b>4.4 CITY-ST-ZIP</b>	<b>4. Allen</b>
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	<b>10/23/97</b>
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**14.** I do 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:** *GARY SMITH* **GARY SMITH** **10-22-97** **407 BCC-9192**

CR2E034 (9/96)