

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1082

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 97 AUG 26 PM 2: 07

**DOCUMENT # F95000004630 (8)**  
 1. Corporation Name  
**NORTH EAST PRINTING MACHINERY, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>30A UPTON DR WILMINGTON MA 01887</b>	Mailing Address <b>30A UPTON DR WILMINGTON MA 01887</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21	22	23	24	4. FEI Number <b>04-2809949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**HUDSON, PHILLIP III  
 KELLEY DRYE & WARREN  
 201 S. BISCAYNE BLVD, SUITE 2400  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Same**  
 82 Street Address (P.O. Box Number is Not Acceptable) **Baker & Mackenzie**  
 83 **Suite 1600 - Barnett Tower, 701 Brickell Ave**  
 84 City **Miami** 85 Zip Code **FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>KORAVOS, JOSEPH II</b>	
STREET ADDRESS	<b>30A UPTON DR</b>	
CITY-ST-ZIP	<b>WILMINGTON MA 01887</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>800002279108--3</b>
1.3 STREET ADDRESS	<b>-08/27/97--01116--001</b>
1.4 CITY-ST-ZIP	<b>***173.75 ***173.75</b>
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 \_\_\_\_\_  
 Joseph II Koravos Pres. 8/12/97 574 108 1997

CR2E034 (4/97)

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## North East Printing Machinery, Inc.

E-mail: [nepm@NEPMinc.com](mailto:nepm@NEPMinc.com)  
Internet: <http://www.NEPMinc.com>

**Massachusetts**  
30A Upton Drive  
Wilmington, MA 01887-1017 USA  
**(508) 658-1995**  
**Fax: (508) 658-2014**

**Florida**  
8391 NW 64th St.  
Miami, FL 33166-2601 USA  
**(305) 592-8909**  
**Fax: (305) 477-2761**

August 12, 1997

Attn: Annual Reports  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: 1997 Annual Report

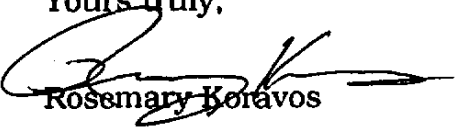
To whom it may concern,

I have received the 2nd notice of the 1997 profit corporation annual report packet. I know that you try to send out these packets annually to those who need them, however, I only receive them if I request them. Also, I am not sure if our registered agent on Florida also receives a packet, but please note that he has changed law firms and addresses this year (see box 10 of our report).

I am writing to you on the advice of Tammy in your annual reports division. I called her when I went to fill out the report and realized that the fee for filing after June 27th has skyrocketed. I was, understandably, shocked and I am not sure of the theory behind this jump. I see that I must set up this report on our own calendar way in advance in order to request the next year's report in time. Meanwhile, I am asking that you waive this penalty this time. I do recall receiving a letter from the secretary of state last year in which a proposal for lowering the fee was in the works but I had heard nothing since and certainly nothing in regards to this type of penalty.

Please see attached our annual report form and filing fee.

Yours truly,

  
Rosemary Koravos

**COMPLETE LINE OF GRAPHIC ARTS EQUIPMENT**  
Buying, Selling or Liquidating of Single Pieces or Entire Plants  
Appraisals Professionally Done, Consulting and Plant Layout