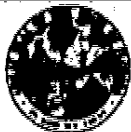


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 10:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G71492 (4)

1. Corporation Name

SOUTH BROWARD PRINTING, INC.

Principal Place of Business

**C/O JOHN H. BRUNT
1300 S. STATE ROAD #7
HOLLYWOOD FL 33023**

Mailing Address

**C/O JOHN H. BRUNT
1300 S. STATE ROAD #7
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1983

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2338247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5845-C Hollywood Blvd

2a. Mailing Address

26 5845-C Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

BRUNT, JOHN H.

**1300 S. STATE ROAD #7 - 5845-C Hollywood Blvd.
HOLLYWOOD FL 33023 33021**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revoking)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BRUNT, JOHN H
STREET ADDRESS	4975 SW 89TH AVE
CITY - ST - ZIP	COOPER CITY, FL 00000
TITLE	DP
NAME	HOLPER, JOHN S
STREET ADDRESS	3300 N 41ST CT
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. HOLPER

4/17/94

305-962-1309