SECOND NOTICE: CORPO AMOUNT DUE ON OR BEFORE 8/	RATION WILL BE DIS	SSOLVED ON OR AFTER AU	IGUST 7, 1996.		
PROFIT CORPORATION ANNUAL REPORT 1996	Ü	FLORIDA DEPARTM Sandra B. N Secretary of DIVISION OF COI	IENT OF STATE Aortham of State		
DOCUMENT #	G79047	(8)			
DASH PRINTING, INC.				4 (88)/(1) 881) 18818 1814 884/1 878/1 188	1 81811 84811 84811 84811 81811 81811 4881
Principal Place of Business Mailing Address					
\$4\$1-53 N. STATE ROAD #7 TAMARAC FL 33319 54\$1-53 N. STATE ROAD #7 TAMARAC FL 33319			7		
				3. Date Incorporated or Qualified 01/17/1984	3a. Date of Last Report 02/24/1995
2. Principal Place of Business 21 5445 No STRA	1#7	2a. Mailing Address 26 SY45 No STA	637	4. FEI Number 59-2424207	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 TAMOREC	C1	City & State 28 T1-Ma r4C	F1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 333 19 25	Broward	Zip 29 33319 36	Brower	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199 032, Yes
9. Name and a	Address of Current Re	egistered Agent	81 Name	10. Name and Address of New Reg	istered Agent
3333 W COMMERCIAL BLVD SUITE 201			82 Street Addre	ess (P.O. Box Number is Not Acceptable	נכ
FT LAUDERDALE	FL 33309		83		
	607.0500	1007 1000 Fire de Ora	84 City		FL 85 Zip Code
office or registered agent, of	or both, in the State of F	lorida, Such change was autr Is of, Section 607.0505, Florid	orized by the corporation	ration submits this statement for the pu- n's board of directors. Thereby accept t	the appointment as registered
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ted name of registered agent and		lagi (tered Age / signature require		DATE
TITLE P	OFFICERS AND D	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 96 8
I	r, Burton S. 2nd Street		1.2 NAME 1.3 STREET ADDRESS		034
CITY-SI-ZIP TAMARAC F			1.4 CITY - ST-ZIP		
TITLE		DELETE	21 TITLE		Change Addition
NAME STREET AODRESS			2 2 NAME 2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		and the second s
TITLE NAME		DELETE	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		I Dritte	3.4 CITY-ST-ZIP		Chapas
TITLE NAME		DELETE	4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
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TITLE NAME		L_) DELETE	6 : TITLE 6 2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-2IP	ofoso stop o parto	the flow former in contrast will a form	6 4 CITY - ST - ZIP	lu for the everaction stated in Section 1	19.07/3Vz). Flooda Statitos 1
14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in \$60 \text{. 12 or 6lock 13 if changed, or on an attachment with an address.}					
SIGNATURE: July John Live On PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/3/86 (954) 239-3274					