

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:21

DOCUMENT # G89531 (9)

1. Corporation Name

SUREPRINT, INC.

Principal Place of Business

% LYNN A. JACOBS
6951 WEST BROWARD BLVD.
PLANTATION FL 33317

Mailing Address

% LYNN A. JACOBS
6951 WEST BROWARD BLVD.
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1984

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2378549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JACOBS, LYNN A.
6951 WEST BROWARD BLVD.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

JACOBS, JEFFREY H.

STREET ADDRESS

842 NW 68 AVE

CITY- ST- ZIP

PLANTATION FL

TITLE

DTVS

NAME

JACOBS, LYNN A.

STREET ADDRESS

842 NW 68 AVE

CITY- ST- ZIP

PLANTATION FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Lynn A. Jacobs LYNN A. JACOBS

3-23-95

(305) 583-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number