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

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 11 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G89531 (9)

1. Corporation Name

SUREPRINT, INC.

Principal Place of Business	Mailing Address
%Lynn A. Jacobs 975 N Nob Hill Road Plantation FL 33324	%Lynn A. Jacobs 975 N Nob Hill Road Plantation FL 33324

DO NOT WRITE IN THIS SPACE

3. Date In Corporated or Qualified: 03/09/1984

4. FEI Number: 59-2378549 [ ] 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

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 842 NW 68 Avenue	26 P.O. Box 16633
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Plantation FL	City & State 28 Plantation FL
Zip 24 33317 Country 25 USA	Zip 29 33318 Country 30 USA

9. Name and Address of Current Registered Agent

Jacobs, Lynn A.
842 NW 68 Avenue
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 Lynn A. Jacobs Lynn A. Jacobs 3-8-99
Signature, type or printed name of registered agent and title, if applicable (NOTE: Required if Agent is changed) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	JACOBS, JEFFREY H.		12 NAME	
STREET ADDRESS	842 NW 68 Avenue		13 STREET ADDRESS	
CITY-ST-ZIP	Plantation FL 33317		14 CITY-ST-ZIP	
TITLE	DTVS	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	JACOBS, LYNN A.		22 NAME	
STREET ADDRESS	842 NW 68 Avenue		23 STREET ADDRESS	
CITY-ST-ZIP	Plantation FL 33317		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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14. I 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, with all other like empowered.

SIGNATURE: Lynn A. Jacobs Lynn A. Jacobs 3/8/99 954-370-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #