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
%Lynn A. Jacobs
975 N Nob Hill Road
Plantation FL 33324

Mailing Address
%Lynn A. Jacobs
975 N Nob Hill Road
Plantation FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 842 NW 68 Avenue
Suite, Apt #, etc.
22
City & State
23 Plantation FL
Zip 24 33317 Country 25 USA

2a. Mailing Address
26 P.O. Box 16633
Suite, Apt #, etc.
27
City & State
28 Plantation FL
Zip 29 33318 Country 30 USA

3. Date Incorporated 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

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 — Signature, type or printed name of registered agent and title if applicable — Lynn A. Jacobs (NOTE: Registered Agent's signature required when no other title) — 3-8-99 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	JACOBS, JEFFREY H.	
STREET ADDRESS	842 NW 68 Avenue	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	DTVS	[ ] DELETE
NAME	JACOBS, LYNN A.	
STREET ADDRESS	842 NW 68 Avenue	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	300002812593- 5
13 STREET ADDRESS	-03/19/99--01105--025
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (11/98)

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