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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

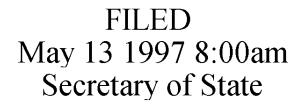
DOCUMENT # H10712

(8)

FLY BY NIGHT SCREEN PRINTING OUTFIT, INC.

Principal Place of Business Mailing Address

5114 N. NEBRASKA AVENUE 5114 N. NEBRASKA AVENUE TAMPA FL 33603 TAMPA FL 33603-2363





						 Date of Last 05/10/199 			
	lace of Business	2a. Mai	2a. Mailing Address				4. FEI Number		Applied For
21		26					59-2420005		Not Applicable
Suite, Apt.	#, etc.	27 Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State	e	City	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28					Trust Fund Contribution		ed to Fees
Zip	Country	Zip		C	Country	/	8. This corporation has liability for intang	gible tax unde	or s. 199.032,
24	25	29		30				No 🔲 No	
	9. Name and Address of Curre	nt Registered	d Agent	·		r	10. Name and Address of New Registe	red Agent	
	(, THOMAS P.				81	Name			
401 E. KENNEDY BLVD					82 Street Address (P.O. Box Number is Not Acceptable)				
TAN	IPA FL 33602								
					83				
					84	City		85 Z	?ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.19	008, Florida Statut	es, the	abov	L e-named	corporation submits this statement for the number	co of changin	a its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. S	uch change was a	authori	zed b	v the corp	poration's board of directors. I hereby accept the	appointment	as registered
SIGNATURE	Signalure, typed or printed name of registered as	gent and tille if appl	icable (NO1	E Feoglist	ered Ap	ent signature	required when reinstating) DA	TF.	
12.	OFFICERS AN	ND DIRECTOR		13			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	OP .		☐ DELETE	1.1	1 THLE			☐ Chan	ge 🔲 Addition
NAME	SCHMITT, DAVID G.			1.3	2 NAME	İ			
STREET ADDRESS	6420 CENTRAL AVENUE			13	3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4	4 CITY-S	ST-7iP			
TITLE	DST		☐ DELETE	2	1 TITLE			☐ Chan	ge 🔲 Addition
NAME	SCHMITT, CONNIE			2.3	2 NAME				
STREET ADDRESS	6420 CENTRAL AVENUE			2.3	3 S1KEE1	ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.	4 CITY-	Sì · ZIP			
TITLE			DELETE	3.1	1 1411.6			Chan	ge 🔲 Addition
NAME				3.	2 NAME				
STREET ADDRESS				3.	3 STREET	ADDRESS			-
CITY-ST-ZIP				3.4	4. CITY-	\$1 - Z(P			
TITLE			DELETE	4.	TITLE			Chang	ge Addition
NAME				4.	2 NAME				
STREET ADDRESS				4.3	3 STREET	ADDRESS			
CITY-ST-ZIP				4.4	4 CHY-5	ST - Z IP			
TITLE			☐ DELETE	5.1	TALE			Chang	ge 🔲 Addition
NAME				5.3	2 NAME				
STREET ADDRESS				5.3	3 STREET	ADDRESS			
CITY-ST-ZIP				5.0	4 CITY - S	31 - 21P			
TITLE			DELETE	6.	TITLE			☐ Chan	ge 🔲 Addition
NAME				6.3	2 NAME				
STREET ADDRESS				6.3	3 STREET	ADDRESS			
CITY-ST+ZIP				6.4	4 CHY+S	31-21P			

I do 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 of rustee employered 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 in attachment with implicitless.