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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 07, 1999 8:00 am Secretary of State

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Corporation Name

PROMISE PRINTING AND COPYING, INC.

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BOD SE LINCOLN AVENUE STUART FL 34994-3002 STUART FL 34994-3002 STUART FL 34994-3002 STUART FL 34994-3002 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified 07/19/1984 4. FEI Number 59-2436507 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 3. Trust Fund Contribution 3. Trust Fund Contribution 3. Trust Fund Contribution 4. Trust Fund Contribution 5. Store Address of New Registered Agent 5. Contribution 5. Store Address of Position Registered Agent 5. Contribution 5. Trust Fund Contribution 5. Trust Fund Contribution 5. Trust Fund Contribution 5. Trust Fund Contribution 5. Con
STUART FL 34994-3002 US STUART FL 34994-3002 US STUART FL 34994-3002 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/19/1984 4. FEI Number \$ 4. FEI Number \$ 59-2436507 Not Applicable for Not Applicable for Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State 28 Cuntry Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Added to Fees WACKEEN, W. THOMAS 401 EAST OSCEOLA STREET SUITE 102 STUART FL 33494 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus. the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficinda. Such change was authorized by the corporation's board of directors. I hereby accept thre chiligations of, Section 607.6506, Florida Statutus. The Applicables. SIGNATURE Signature, type or prestor furner of impassed spars and tisk appositude agant, a rin familiar with, and accept thre chiligations of, Section 607.6506, Florida Statutus. The Applicables. SIGNATURE Signature, type or prestor furner of impassed spars and tisk appositude agant, a rin familiar with, and accept thre chiligations of, Section 607.6506, Florida Statutus. The Applicables. SIGNATURE Signature, type or prestor furner of impassed spars and tisk appositude agant, a rin familiar with, and accept thre chiligations of, Section 607.6506, Florida Statutus. The Applicables. 12 Name Signature, type or prestor furner of impassed spars and tisk appositude agant, a rin familiar with, and accept thre chiligations of, Section 607.6506, Florida Statutus. The Applicables. SIGNATURE Signature, type or prestor furner or impassed spars and tisk appositude agant, a rin familiar with, and accept thre chiligations of, Section 607.6506, Florida Statutus. The Applicable or the chiling three prestored agant, and tisk appositude
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country State Country State Country State Country State Street Address of Countribution State WACKEEN, W. THOMAS 401 EAST OSCEOLA STREET SUITE 102 STUART FL 33494 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 agent, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or ported name of registered agent and bits if Applicable (NOTE) Registered Agent sequence when remaking OATE 12. OFFICIENS AND DIRECTORS Signature, typed or ported name of registered agent and bits if Applicable (NOTE) Registered Agent sequence when remaking OATE 12. OFFICIENS AND DIRECTORS Signature, typed or ported name of registered agent and bits if Applicable (NOTE) Registered Agent sequence when remaking OATE 12. OFFICIENS AND DIRECTORS Signature, typed or ported name of registered agent and bits if Applicable (NOTE) Registered Agent sequence when remaking OATE 12. OFFICIENS AND DIRECTORS Signature, typed or ported name of registered agent and bits if Applicable (NOTE) Registered Agent remakes when remaking OATE City State Signature, typed or ported name of
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City & State
Trust Fund Contribution Added to Fees
Zip Country Zip Country Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax. Yes Stock
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9. Name and Address of Current Registered Agent WACKEEN, W. THOMAS 401 EAST OSCEOLA STREET SUITE 102 STUART FL 33494 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.
WACKEEN, W. THOMAS 401 EAST OSCEDLA STREET SUITE 102 STUART FL 33494 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 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, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, syned or printed name of registered agent and title if applicable P
WACKEEN, W. THOMAS 401 EAST OSCEOLA STREET SUITE 102 STUART FL 33494 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 pursue of changing its 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 pronted have of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P DELETE 1.1 TITLE CHANGE 1.2 NAME STREET ADDRESS 800 SE LINCOLN AVENUE 1.3 STREET ADDRESS (CITY-ST-ZIP) NAME FOSELLI, CLARE (ASST S) 22 NAME STREET ADDRESS STUART FL 34994-3002 1.4 CITY-ST-ZIP TITLE SD Change Addition Change Addition Change Addition Change Change Addition Change CITY-ST-ZIP TITLE STUART FL 34994-3002 1.2 NAME STREET ADDRESS STUART FL 34994-3002 1.4 CITY-ST-ZIP TITLE STUART FL 34994-3002 1.4 CITY-ST-ZIP TITLE STUART FL 34994-3002 1.4 CITY-ST-ZIP TITLE STUART FL 34994-3002 1.4 CITY-ST-ZIP
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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 chapter 607, or on an artachment with an address, with all other like empowered.

SIGNATURE:

CLARE A. FOSELLI

5/14/99 5

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