## 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 # H14622

(5)

## HILLSBORO PRINTING COMPANY

Principal Place of Business Mailing Address										
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2442 MISSISSIF	PI AVENUE	2442 MISSISSIPPI AVENU	2442 MISSISSIPPI AVENUE							
P. O. BOX 2272		P. O. BOX 2272								
TAMPA FL 3360	וכ	TAMPA FL 33601-2272				Į.		19- 5	ate of Last R	
							3. Date Incorporated or Qualified 07/30/1984		03/1996	eport
2. Principal P	ace of Business	2a. Mailing Address					4. FEI Number		Ar	oplied For
21		26					59-2452398		No	ot Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	100		Additional
22		27						<u> </u>	Fee Re	equired
City & Stati	9	City & State				1	6. Election Campaign Financing	_	\$5.00	
23		28					Trust Fund Contribution	Ц		to Fees
Zip				Country			8. This corporation has liability for			. 199.032,
24	[25]	29	30					Yes		
	9. Name and Address of Currer	nt Hegistered Agent		81	Name		10. Name and Address of New Re	gistered	Agent	
	VTYRE, RICHARD M.			61	INAITE	9				
	MISSISSIPPI AVENUE			82	Street	t Addres:	s (P.O. Box Number is Not Acceptate	ile)		***************************************
TAM	PA FL 33629									
				83						
				84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida State	ites the a	hove	e-namer	d corner	ation submits this statement for the r		of changing i	s registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was	s authorize	ed by	the co	rporation	's board of directors. I hereby acce	ot the ap	pointment as	registered
agent. i a	m familiar with, and accept the oblig	ations of, Section 607.0505, r	nonda Sta	iules	<b>S</b> .					
SIGNATURE	Storyalize 1544-3 or pointed name of register if also	or Languistic of sont cable (NC	TF: Bad stere	d Ana	ent signatu	re required y	when reinstating)	DATE		<del></del>
12.		ID DIRECTORS	13.		on Coldinara	roquiles	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	RS IN 12
TOTLE	PO			1.1 TITLE		1			Change	☐ Addition
NAME	LEVY, J. LEONARD									
STREET ADDRESS	1205 DRUID LANE			1.3 STREET ADDRESS		;				
City-St-ZIP	TAMPA FL			1.4 CITY-ST-ZIP						
TITLE	SV	DELETE		2.1 TITLE					Change	Addition
NAME	MCINTYRE, RICHARD		2.2 N	IAME						
STREET ADDRESS	6311 COTTONWOOD LANE	2.5		2.3 STREET ADDRESS						
CITY- ST- ZIP	TAMPA FL			2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE		21				Change	Addition
NAMÉ.			3.2 N							
STREET ADORESS					ADDRESS	,				
CHY-ST-ZIP						<b>^</b>				
TITLE				3.4. CITY-ST-ZIP					Change	Addition
NAME				NAME						
			1		ADDRESS	,				
STREET ADORESS			-		T-ZIP	´				
CITY-ST-ZIP TITLE		DELETE	5.11		01-11	<del>                                     </del>	<del> </del>		Change	Addition
NAME		the occupa	1	IAME		1			g	
					ADDRESS	,				
STREET ADDRESS						·				
CITY-ST-ZIP		☐ DELETE	5.4 C		ST-ZIP	<del>-  </del>			Change	Addition
TITLE		C) Detell							Unanyt	/ WUIDON
NAME				IAME		, [				
STREET ADDRESS					ADDRESS	·				
CITY-S1-ZiP			6.4 0	OTY - S	ST-ZIP					

**SIGNATURE:** 

14. 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 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. Jan 10 1997 (813) 251-2401

**FILED** 

Jan 21 1997 8:00am

Secretary of State

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