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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H22986

(4)

	HROME PRINTING CORP.				
Principal Plac	e of Business	Mailing Address			INTEL MINIS BUNIT DIDIN DINIH NIDIS NEBI
210 UNIVERSITY DRIVE. SUITE #900 CORAL SPRINGS FL 33071		210 UNIVERSITY DRIVE. SUITE #900 CORAL SPRINGS FL 33071-7393			
				3, Date Incorporated or Qualified 09/27/1984	3a. Date of Last Report 04/10/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	59-2600861	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Comptro	28	Country	Trust Fund Contribution	Added to Fees
<i>Ζ</i> φ	Country	Zip	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes D No
24	25] 9. Name and Address of Currer	29 29 Agent	[30]	10. Name and Address of New Reg	
WCI	ICHOLZ, STEPHEN		B1 Name		
	UNIVERSITY DR., SUITE 900				
	RAL SPRINGS FL 33071		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
	18 T 01 1 1111 100 1 E 000 1		83		
			84 City		85 Zip Code
		MINTER TO THE PARTY OF THE PART			FL I''I '
11. Parsuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607,1508, Florida Statute : of Florida. Such change was a	es, the above-named corp authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
anout La	an familiar with, and accept the oblig	ations of Section 607.0505. Flo	rida Statutes	•	,,
agon r			The Character		
SIGNATURE					
SIGNATURE	Slipsified, type for printed name of registored age	ent and late if applicable (NOTs	E Registered Agent signature requ	ired when reinstating)	DATE
SIGNATURE	Signature, type for printed name of registered ago OFFICERS AN		Registered Agent signature requ		DATE
SIGNATURE 12. THE	Superfuse, 15:00-1 or printed name of registered ago OFFICERS AN	not and late if applicative (NOTE DID DIRECTORS	E Registered Agent signature requ	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. THE	Signature, type for printed name of registered ago OFFICERS AN	not and late if applicative (NOTE DID DIRECTORS	E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
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SIGNATURE 12. THE	Shipstice, type for printed name of replected age OFFICERS AN PD WEICHOLZ, STEPHEN 210 UNIVERSITY DRIVE	not and late if applicative (NOTE DID DIRECTORS	E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
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14. Ido 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.

ALBERT S. SOLOMON

3/27/97

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Daytime Phone #