

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H82329 (4)
1. Corporation Name
SOUTH BROWARD PRINTING II, INC.



Principal Place of Business % JOHN H. BRUNT 3801 HOLLYWOOD BLVD HOLLYWOOD FL 33021	Mailing Address % JOHN H. BRUNT 3801 HOLLYWOOD BLVD HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5845-C Hollywood Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 5845-C Hollywood Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/23/1985	
22 City & State 23 Hollywood, FL		27 City & State 28 Hollywood, FL		4. FEI Number 59-2595196	
24 33021 25 USA		29 33021 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent BRUNT, JOHN H. 3801 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6365 Taft Street 83 Suite 3003 84 City Hollywood FL 85 Zip Code 33024	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNT, JOHN H.	1.2 NAME	
STREET ADDRESS	4975 S.W. 89TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLPER, JOHN S.	2.2 NAME	
STREET ADDRESS	3300 N. 41ST CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  JOHN S. HOLPER Mrs 4/7/98 954-962-1309

CR2E034 (10/97)