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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

561-338-787

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # J01050	(0)			
	PRESS, INC.				
Principal Place	e of Business	Mailing Address	,	- 1 DESTRUCTURE STATE ST	.
DBA MPI PRINTING CENTER 3350 NW BOCA RATON BLVD #A30 BOCA RATON FL 33431		BDA MPI 3350 NW BOCA RATON E BOCA RATON FL 33431-6			
		U\$		Date Incorporated or Qualified 02/24/1986	03/30/1996
2. Principal Pa	Place of Business	2a. Mailing Address 26		4, FEI Number 59-2636007	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	C	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
2.02	25	29	30		r intangible tax under s. 199.032, Yes No
	g. Name and Address of Current			10. Name and Address of New Re	aglatered Agent
	ITH, LAWRENCE J.		81 Name		
1383	3 N.W. 94TH WAY		82 Street Addr	ress (P.O. Box Number is Not Acceptal	ible)
COR	RAL SPRINGS FL 33071		83	-	
			83	·	
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050/	2 and 607 1508. Florida State	the the above-named corr	poration submits this statement for the p	nurgose of changing its registered
office or re	registered agent, or both, in the State r	of Florida. Such change was	authorized by the corporat	tion's board of directors. I hereby acce	pt the appointment as registered
	m familiar with, and accept the epilipe.	(IONS OI, SECTION OUT JOURS, , .	Official Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	at and tire if applicable (NO	TE: Registered Agent signature require	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P SMITH LAWDENCE I	☐ DELETE	1.1 TITLE		Change Addition
NAMÉ CINCET ADODECC	SMITH, LAWRENCE J. 1383 N.W. 94TH WAY		1.2 NAME		
STREET ADORESS CITY-ST-ZIP	CORAL SPRINGS FL		1.3 STREET ADDRESS 1 1.4 City+St-Zip		
TiTLE	COLUMN 1	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		<u>-</u>
STREET ADDRESS			2.3 STREET ADDRESS	•	
CHY-SI-ZIF			2. 4 CATY+ST-ZIP		
THILF		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-SI-7iP		I I DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			l i		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		 -
STREET ADDRESS			5.3 STREEY ADDRESS	1	
CITY-ST-ZIF			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY - S1 - 71F		·	6.4 CITY-ST-ZIP		
14. Edo nerei informatio Lam an o' appears i	by certify that the information supplied on indicated on this annual report or si- officer or director of the corporation or in Block 12 or Block 18 if changed, or	with this filing does not qual upplemental annual report is the receiver or trusted embor on an attach nent with a	ify for the exemption stated true and accurate and that world to execute this epo- idoes.	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same leg- ort as required by Chapter 607, Florida Aw REACE	as. I further certify that the all effect as if made under oath; the Statutes; and that my name