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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J62394**

1. Corporation Name

LITHO/FILIVI SERVICE, INC.	
Principal Place of Business	Mailing Address
6002 JET PORT INDUSTRIAL BLVD.	6002 JET PORT INDUSTRIAL B

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90051 017 ***150.00

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Principal Place	e of Business	Ma	iling Address					2(8)) 6(8)) 1881
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						DO NOT WRITE IN TH	113 SPACE	
						3. Date Incorporated or Qualifed		į
			W A I I			03/18/1987 4. FEI Number	1 .	pplied For
	lace of Business	⊢	Mailing Address			1	├ ∤	
21		26	College And Head			59-2813768		ot Applicable Additional
Suite, Apt.	,	-	Suite, Apt. #, etc.			5. Certifcate of Status Desired .	¥	equired
22	- · · · · · · · · · · · · · · · · · · ·	27	City & State			A. F. Min Committee Financian		
City & State	e		City of State	-		6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
23	Country	28	Zip	Count	D/	This corporation owes the current year		10 1 003
Zip	Country		· -	30	· y	Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer	29		30		10. Name and Address of New Register		
	3. Marie and Address of Currer	n regis	resea Agent	18	1 Name	To the same readings of the same readings		
HAR	PLEY, R. JAY			L				
	WEST SLIGH AVENUE, SUITE	100		8	Street	dress (P.O. Box Number is Not Acceptable)		
	PA FL 33609			-	13			
17.11	1 A 1 E 00000			`	"			
	•			1	4 City		85 Zip	Code
			7 4500 Ft-14- 04-4-4	. 455 -				s registered
office or n	registered agent or both in the State.	of Florid	a. Such change was au	thorized i	ov the cord	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of,	Section 607.0505, Flori	da Statut	ės.			
SIGNATURE								
	Signature, typed or printed name of registered age				gent signature	ADDITIONS/CHANGES TO OFFICERS	AND DIDECT	OPS IN 12
12.	OFFICERS AN	ND DIKE	DELETE	13.	-	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VF. Morga- Ic 4/2/99