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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J64493

(6)

JERRY	FISHER'S PRINTING INC	ORPORATED				
Principal Place	e of Business	Mailing Address			DÎNE AFAL FINÎ NAVÎ ANDI ANDI DENÎ NEWÎ	
5325 JAEGER RD. NAPLES FL 33942		5325 JAEGER RD. NAPLES FL 33942			DO NOT WRITE II	N THIS SPACE
					 Date Incorporated or Qualified 03/24/1987 	
2. Principal Place of Business 20. Mailing Addre					4. FEI Number	Applied For
21		26		59-2799010	> Not Applicable	
Suite, Apt. #, etc. Suite, Apt. 22 27		Suite, Apt. #, etc.	#, atc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Ζφ 29			8. This corporation owes or has paid the current/ear Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
FISHER, JERRY 5325 JAEGER RD NAPLES FL 33942			81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)		
<u>;</u> 			84	City		FL 85 Zip Code
office or re	o the provisions of Sections 607.0 egistered agont, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was	authorized by	the corpor	propriation submits this statement for the puration's board of directors. I hereby accept	roose of changing its registered
SIGNATURE	Signature, typod or printed name of tegistered	agost and title if applicable (NO	TE Registered Age	ent signature req	uired when reinstaling)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	[Change Addition
NAME	FISHER, JERRY		1.2 NAME			
STREET ADDRESS	5325 JAEGER RD.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 City-5	T-71P		

DEL ETE TITLE 2.1 TITLE ☐ Change Ad NAME FISHER, REBECCA 2.2 NAME 5325 JAEGER RD. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this annual report or symplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ar allock 12 or Block 13 if changed on of an attachment with an exposer.

SIGNATURE:

lerus Hohen

3/18/98 (941)69

FILED

Mar 26 1998 8:00am

Secretary of State