

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 SEP 16 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J74048** (6)  
1. Corporation Name  
**MOSTERT PRINTING, INC.**

Principal Place of Business <b>C/O DEBBYE K MCCAIN 289 WALNUT STREET ORMOND BEACH FL 32174 US</b>	Mailing Address <b>C/O DEBBYE K. MCCAIN 289 WALNUT STREET ORMOND BEACH FL 32174 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1987</b>	3a. Date of Last Report <b>05/29/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2803237</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>MCCAIN, DEBBYE K 289 WALNUT ST ORMOND BEACH FL 32174</b>				10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>800002298500</b> <input type="checkbox"/> Addition
NAME	<b>MOSTERT, HARRY N.</b>	1.2 NAME	<b>-09/19/97--01112--000</b>
STREET ADDRESS	<b>580 ASH STREET</b>	1.3 STREET ADDRESS	<b>****233.75 ****233.75</b>
CITY-ST-ZIP	<b>HOLLY HILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSTERT, NORMA J.</b>	2.2 NAME	
STREET ADDRESS	<b>580 ASH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLY HILL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCAIN, DEBBYE K</b>	3.2 NAME	
STREET ADDRESS	<b>289 WALNUT ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACON, JEANNIE</b>	4.2 NAME	
STREET ADDRESS	<b>289 WALNUT ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *[Signature]* **Debbie K McCain** *[Signature]* **Norma J Mostert** *[Signature]* **Jeannie Bacon**

CR2E034 (4/97)

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289 Walnut Street  
Ormond Beach, FL 32174  
(904) 672-2288 FAX (904) 672-2343

September 12, 1997

Division of Corporations,

This letter is to explain that we were never sent our 1997 Profit Corporation Annual Report packet for renewal. After phoning in and requesting a packet, we just received this second notice, which clearly states that it serves as a "60 days notice" and also states that the fee must be paid by September 17th. That is just short of a week. We have enclosed a check for \$225 that was the filing fee for 1996 even though this packet states that it is \$61.25 + \$103.75 equalling \$165.00, but we didn't know if there were other hidden charges not mentioned.

If there is an additional charge please let us know.

Sincerely,

Debbye K. McCain  
President