

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90065 041 ***150.00

DOCUMENT # J74977

1. Corporation Name

TRANSCONTINENTAL PRINTING SOUTH, INC.

Principal Place of Business

C/O WALDMAN & FELUREN, P.A.
ONE FINANCIAL PLAZA STE. 1500
FT. LAUDERDALE FL 33394

Mailing Address

C/O WALDMAN & FELUREN, P.A.
ONE FINANCIAL PLAZA STE. 1500
FT. LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1987

4. FEI Number

59-2809148

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

WALDMAN & FELUREN, P.A.
ONE FINANCIAL PLAZA STE. 1500
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE DP
NAME DUPUIS, PIERRE
STREET ADDRESS 1605 CROISSANT SALZBOURG
CITY-ST-ZIP BROSSARD QU
☒ DELETE

TITLE CD
NAME MARCOUX, REMI
STREET ADDRESS 66 PAGNUELO ST.
CITY-ST-ZIP OUTREMONT, QUEBEC H2V
☐ DELETE

TITLE T
NAME SICOTTE, LUC
STREET ADDRESS 1081 CALEDONIA
CITY-ST-ZIP VILLE MONT-ROYAL QU H3R 2
☒ DELETE

TITLE S
NAME BOLDUC, YVON
STREET ADDRESS 729 MAPLE
CITY-ST-ZIP LONGUEUIL QUEBEC J4J 5J1
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Wayne Newson
1.3 STREET ADDRESS 3223 The Boulevard
1.4 CITY-ST-ZIP Westmount, Québec, H3Y 1S4
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Yvon Bolduc, Secretary

18-01-1999

Date

(514) 954-4000

Daytime Phone #

CR2E034 (1/98)