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PROFIT CORPORATION * ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharif

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J86098

DIXIF PRINTING & LETTERPRESS, INC.

(7)

FILED Apr 18 1997 8:00am Secretary of State

Principal Place 2300 N. DIXIE W. PALM BCH.	HWY.	Mailing Address 2300 N. DIXIE HWY. W. PALM BCH. FL 33407-602	7		
				3. Date Incorporated or Qualified 08/01/1987	3a. Date of Last Report 01/22/1996
2. Principal Pt	lace of Business	28. Mailing Address 26		4. FEI Number 59-2829752	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional Fee Required
City & State		City & State	<u>, , , , , , , , , , , , , , , , , , , </u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z ip	Country	28	Country	8. This corporation has liability for int	angible tax under s. 199.032.
24	25 9. Name and Address of Curre	29 30	<u> </u>	Florida Statutes 10. Name and Address of New Regis	Yes No
CAR	PENTER, CHERYL B	G am Lightin	81 Name	1 1 1 2 1 1	
220 DOVAL DALM WAY				ret Address (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480			33 4 83	Datura Street	Suite 100
			84 Gity)	PRah	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050)2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the pur	
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. Thereby accept the appointment as registered agent. Lam tamillar with, and succept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE		Wir -		Tom Oll	4/14/97
	Signature: typed pypingled name of registried ag		legistered Agent a gnature requi		DAYE DE AND DIDECTORS IN 10
12. THILE	DPT UFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	CARPENTER, CHERYL B		1.2 NAME		
STREET ADDRESS	401 WILMA CIR.		1.3 STREET ADDRESS		[
CITY-ST-ZIP	RIVIERA BCH. FL 33404		1.4 CITY-ST-ZIP		
TITLE	DVS	DELETE	2.1 TITLE		Change Addition
NAME	ALGERI, RONALD J.		2.2 NAME		,
STREET ADDRESS	4744 HOLLY LAKE DRIVE		2.3 STREET ADDRESS		
CITY-SI-ZIP	LAKE WORTH FL 33463		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME		1	3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CiTY-ST-ZIP		
TOLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY ST-ZIP	.,.,,.		4.4 CITY-ST-ZIP		
THE		☐ OELETE	5.1 TITLE		Change Addition
NAM?		ļ	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CSTY-ST-70P		T DECETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		LI Change LI Accordion
NAME	ı		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		j
CITY-ST-ZIP		201	6.4 CITY-ST-ZIP	- 1 - 0 - N - 110 07/2)/ \ Cir - Ida Ctat 100	1.5.4

I do hereby certify that the information supplied with this filling 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 efficient 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 il changed or on an attachment with an address.