PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90233 036 ***150.00

| 1. Corporation Name | | • | | |
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| LINOGRAPHICS, INC. | | | | 1 |
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| Principal Place of Business | Mailing Address | | + MEI 1914 M. Spring Britis and Li dent ages, state, state, state after a state and a state and a state after a st | • |
| 617 N. MAGNOLIA AVE | 617 N. MAGNOLIA AVE | | | 1 |
| ORLANDO FL 32801-8326 | ORLANDO FL 32801-8326 US | | DO NOT WRITE IN THIS SPACE | I |
| us | 00 | | 3. Date Incorporated or Qualifed | 7 1 |
| | | | 12/11/1987 | _ |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For | _ |
| 21 | 26 | | 59-2861452 Not Applicable | <u>-</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | 1 |
| 22 | 27 State : - | | <u> </u> | |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | . |
| Zip Country | Zip | Country | 8. This corporation owes the current year intangible | 7 (|
| 24 25 | 29 3 | ol | Personal Property Tax. | _ 1 |
| 9. Name and Address of Current | | | 10. Name and Address of New Registered Agent | - 1 |
| FF044410FT 1471 51435 167 | | 81 Name | REVMICHAEL | |
| FERNANDEZ, WILLIAM W. | | | ess'(P.Q. Box Number is Not Acceptable) | 7 1 |
| 1309 E. ROBINSON ST. ORLANDO FL 32801-2191 | | 83 | N. MAGNOLIA | - |
| ONDAIDO IL 32001-2131 | | 63 | | _ |
| | | 84 City | FL 85 Zip Code 32807 | 1 1 |
| 44 Burniant to the provisions of Sections 607 0507 | and 607 1508 Florida Statutes | the above-named corp | oration submits this statement for the purpose of changing its registered | 7 1 |
| office or registered agent, or both, in the State | of Florida. Such change was auti | norized by the corporation | oration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered | 1 1 |
| / | CONSTRUCTION CONTROL OF THE PARTY OF THE PAR | 5 01510103· | 4/28/99 | 1 1 |
| SIGNATURE Springere, typed or pringed name of registered agent | | gestered Agent signature required | | ન જ્ર∫ |
| 12. OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | ≓ੀਂ |
| TITLE PTD NAME MICHAEL, GARY | □ pereie | 12 NAME | | 4 |
| | | 1.3 STREET ADDRESS | | |
| STREET ADDRESS 617 N. MAGNULIA AVENUE ORLANDO FL. | | 1.4 CITY-ST-ZIP | | |
| G11-51-2P | | | | _ 22 |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition | S S L CR2E034 (11/98) |
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| | DELETE | | ☐ Change ☐ Additive | CR2E |
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Indicated on this annual report of 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 ar indicated on this annual report of 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 ar indicated on this annual report 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.

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