## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

**DOCUMENT #** L18770

(2)

VERO BEACH PRINTING INCORPORATED							
Principal Place	of Business	М	ailing Address			II BBII BIBIF BIBIF QIDII B	1990 BURN BURN 1997
1924 12TH ( P O BOX 10 VERO BEAC US	059		1525-21ST STREET P O BOX 1059 VERO BEACH FL 329	<b>161</b>	3. Date Incorporated or Qualified 09/25/1989	3a. Date of Last	•
2. Principal Pla	ce of Business	2a.	Mailing Address		4, FEI Number	02/13/1	Applied For
21		26	J		65-0159729	<b></b>	Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc. P. O. Box	1059	5. Certificate of Status Desired		5 Additional Required
City & State			City & State	73.1	6. Election Campaign Financing	\$5.0	00 May Be
23] Zipi	Country	28	Vero Beach,	·	Trust Fund Contribution	Add Add	ed to Fees
24	Country 25	29	<sup>Z<sub>ID</sub></sup> 32961	Country	8. This corporation has liability for in		s 199.032,
	9. Name and Address of Current		tered Agent	30 Indian Rive	r Florida Statutes Yes  10. Name and Address of New Ro		
				81 Name	IV. Haine and Appless of New Mi	Anstalad Wilaut	
CADDIC	CHADIES E						
GARRIS, CHARLES E. 817 BEACHLAND BLVD			82 Street Ad		ress (P.O. Box Number is Not Acceptable)		
	BEACH FL 32963			83			
120	2.011 1 2.02000			-		· · · · · · · · · · · · · · · · · · ·	
				84 City		FL  85   Z	Zip Code
o. registore	ome provisions of Sections 607.0502 of agent, or both, in the State of Florid n, and accept the obligations of, Section	d 300	i chango was authorize	au by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing its intment as registere	registered office d agent. I am
`s	ignature, typical or priviled name of registered agent a			E Registered Agent signature require	d when reinstalling)	DATE	
12.	OFFICERS AND	DIREC		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	ORS IN 12
TITLE NAME	P WHITE ALVINO ID		DELETE	1 1 TITLE		☐ Change	☐ Addition
STREET ADDRESS	WALKER, ALVIN C., JR			1.2 NAME			
CITY-ST-ZIP	3280 QUAY DOCK ROAD VERO BEACH FL			1.3 STHEFT ADDRESS			
TITLE	DS		DELETE	1.4 C/TY - ST - ZIP 2 1 T/TLE		Channa Channa	E Addition
NAME	GRAVES, GINGER P		[ ] OLLE IL	2 2 NAME		☐ Change	☐ Addition
STREET AUDRESS	278 30TH AVE			2 3 STREET ADDRESS			
CITY - ST - ZIP	VERO BCH FL			2 4 CITY-ST-ZIP			
TITLE			☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME				3 2 NAME			
STREET ADDRESS				33 STREET ADDRESS			
City-St-ZiP	· · · · · · · · · · · · · · · · · · ·			3 4 CITY-ST-ZIP			
TITLE			☐ DELETE	4 1 TITLE		☐ Change	Addition
NAME				4.2 NAME			
S'HEET ADOPESS				4.3 STREET ADDRESS			
CITY-ST-ZIF			Fi he est	4 4 City - St - ZiP			
THE LONG			DELETE	5. 1 TITLE		Change	Addition
NAME CINES ADDRESS				5 2 NAME			
STHEE! ADDRESS				5 3 STREET ADDRESS			
CHY-ST-7IP THEE			DELETE	5.4 CITY-ST-ZIP		C) Charac	Addition
NAME.			M precie	6 1 TITLE 62 NAME		☐ Change	☐ Addition
STREET ADDRESS							
CITY ST-ZIP				6 3 STREET ADDRESS			
14. I do hereby	certify that the information supplied wi	th this t	filing is voluntarily furnis	6.4 CITY-ST-ZIP  shed and does not qualify for	or the exemption stated in Section 119.0	7(3)(k) Florida Statu	tes I further
oath that La	ue iniorniaikon mokcaren on inis annua	report	or supplemental annu	al report is true and accura	te and that my signature shall have the s s report as required by Chapter 607, Flor	aasa laaal affaat aa :	*

SIGNATURE: <

2-13-96 (407) 562-2384