


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

FILED

May 12 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **L25366** (0)

1. Corporation Name
ABCO GRAPHICS & PRINTING, INC.



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| Principal Place of Business 2623 GRAND BLVD S107 HOLIDAY FL 34690 | Mailing Address 2623 GRAND BLVD S107 HOLIDAY FL 34690-3002 |
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| 3. Date Incorporated or Qualified 10/20/1989 | 3a. Date of Last Report 04/17/1996 |
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| 2. Principal Place of Business 21 Suite, Apt #, etc. SUITE 115 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt #, etc. SUITE 115 27 City & State 28 Zip 29 Country | 4. FEI Number 59-2975423 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent HELMRICH, MAUREEN 2623 GRAND BLVD S107 HOLIDAY FL 34690 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | CP <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELMRICH, MAUREEN | 1.2 NAME | SUITE 115 |
| STREET ADDRESS | 2623 GRAND BLVD S107 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELMRICH, JOHN | 2.2 NAME | SUITE 115 |
| STREET ADDRESS | 2623 GRAND BLVD S107 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELMRICH, HARRY | 3.2 NAME | SUITE 115 |
| STREET ADDRESS | 2623 GRAND BLVD S107 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAZOUREK KEVIN | 4.2 NAME | SUITE 115 |
| STREET ADDRESS | 2623 GRAND BLVD., S 107 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKEENS DEBORAH | 5.2 NAME | SUITE 115 |
| STREET ADDRESS | 2623 GRAND BLVD., S 107 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" 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)(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.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **4-28-97** (812) **938-8012**

CR2E034 (9/96)