

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

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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90060 031 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # L30919

1. Corporation Name

THE PRINT SHOP OF FT. MYERS BEACH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>% NORMAN J. LANGLOIS</del> <del>2801 J ESTERO BLVD</del> FT MYERS BEACH FL 33931		Mailing Address <del>% NORMAN J. LANGLOIS</del> <del>2801 J ESTERO BLVD</del> FT MYERS BEACH FL 33931	
2. Principal Place of Business 21 1661 ESTERO BLVD Suite, Apt. #, etc. 22 SUITE 3 City & State 23 FT. MYERS BEACH Zip 24 33931		2a. Mailing Address 26 1661 ESTERO BLVD Suite, Apt. #, etc. 27 SUITE 3 City & State 28 FT. MYERS BEACH Zip 29 33931	
3. Date Incorporated or Qualified 11/16/1989		4. FEI Number 65-0160766	
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent LANGLOIS, NORMAN J. 2801 J ESTERO BLVD FT MYERS BEACH FL 33931		10. Name and Address of New Registered Agent 81 Name FRANCIS P. GATTURNA 82 Street Address (P.O. Box Number is Not Acceptable) 1661 ESTERO BLVD 83 SUITE 3 84 City FT. MYERS BEACH FL 85 Zip Code 33931	
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 FRANCIS P. GATTURNA, VP (X) DATE 1-29-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVPT <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LANGLOIS, NORMAN J.	1.2 NAME		
STREET ADDRESS 14300 HICKORY LINKS COURT #1822	1.3 STREET ADDRESS		
CITY-ST-ZIP FT MYERS BEACH FL	1.4 CITY-ST-ZIP		
TITLE DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LANGLOIS, MARTHA	2.2 NAME		
STREET ADDRESS 14300 HICKORY LINKS CT., #1822	2.3 STREET ADDRESS		
CITY-ST-ZIP FT MYERS BEACH FL	2.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LANGLOIS, BETH A	3.2 NAME		
STREET ADDRESS 8200 SUMMERLIN ROAD #104	3.3 STREET ADDRESS		
CITY-ST-ZIP FT MYERS FL	3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FRANKS, DONALD L	4.2 NAME		
STREET ADDRESS 3961 BLEN HEIM STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP FT MYERS FL	4.4 CITY-ST-ZIP		
TITLE DVPT <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME GATTURNA, BETH	5.2 NAME		
STREET ADDRESS 16340 MILLSTONE CIR #304	5.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS, FL 33908	5.4 CITY-ST-ZIP		
TITLE DVPT <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME FRANCIS P. GATTURNA	6.2 NAME		
STREET ADDRESS 16340 MILLSTONE CIR #304	6.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS, FL 33908	6.4 CITY-ST-ZIP		

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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) Daytime Phone #

CR2E034 (11/98)