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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L41305 (8)

1. Corporation Name
LANCE PRINTERS SERVICE, INC.



Principal Place of Business 12464 SW 128 ST MIAMI FL 33186 US	Mailing Address % LANCELOT D. WILLIAMS 14229 SW 111 LN MIAMI FL 33186-7024
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2. Principal Place of Business 21	2a. Mailing Address 26 14301 Sw 192 Street	3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 03/25/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Miami FL 33177	4. FEI Number 65-0163130	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, LANCELOT D. 14229 SW 111 LN MIAMI FL 33186		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 **Lancelot D. Williams, President** DATE **4/16/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	WILLIAMS, LANCELOT D.	
STREET ADDRESS	14229 SW 111 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/>
NAME	WILLIAMS, SIMONITA	
STREET ADDRESS	14229 SW 111 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Williams, Lancelot D.		
1.3 STREET ADDRESS	14301 SW 192 Street		
1.4 CITY-ST-ZIP	Miami FL 33177		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Williams, Simonita		
2.3 STREET ADDRESS	14301 SW 192 Street		
2.4 CITY-ST-ZIP	Miami, FL 33177		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(f), 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: *Lancelot D. Williams* President 4/16/97 (305) 255-1587

CR2E034 (9/96)