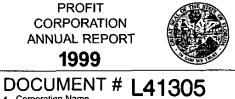
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LANCE PRINTERS SERVICE, INC.

1. Corporation Name



Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90089 026 ***150.00



	,				
Principal Place	e of Business	Mailing Address	Mailing Address		
12464 SW 128 ST MIAMI FL 33186		14301 W 192 STREET MIAMI FL 33177			·
IUS		US	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE
••					3. Date Incorporated or Qualifed
		•			01/05/1990
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					65-0163130 Not Applicable
		Suite, Apt. #, etc.			_ \$8.75 Additional
27					5. Certifcate of Status Desired Fee Required
City & State C		City & State	1		6. Election Campaign Financing \$5:00 May Be
F F		28		••••	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intaggible
24	25	29	0		Personal Property Tax. Yes No
	9. Name and Address of Curre			,	10. Name and Address of New Registered Agent
81 Name _				Name Ta	ancelot D. Williams
WILLIAMS, LANCELOT D.			82		ress (P.O. Box Number is Not Acceptable)
14229 SW 111 LN				14	1301 SW 192 Street
MIAMI FL 33186 83				·[-
			84	l Cir.	les 7in Code
					Miami , FL 85 Zip Code 33177
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for					poration submits this statement for the purpose of changing its registered
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 4/8/99					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Age	nt signature require	
12,		ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILLIAMS, LANCELOT D.		1.2 NAME		
STREET ADDRESS	14301 SW 192 ST			T ADORESS	,
, ,	MIAMI FL	•		į	
CITY-ST-ZIP TITLE	VD	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
		Decert			
NAME	WILLIAMS, SIMONITA		2.2 NAME		
STREET ADDRESS	14301 SW 192 ST		2.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL		2.4 CITY-	ST-ZIP	Channe Addition
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 T/TLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	SS 4.3 STR		4.3 STREE	TADORESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE	DELETE 5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

REQUISIMONATA Williams, VP

DELETE

(305) 255-6587

Change

☐ Addition