

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90042 021 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L58336 (3)
 1. Corporation Name
FLYER PRINTING COMPANY, INC.

Principal Place of Business	Mailing Address
201 KELSEY LANE TAMPA FL 33619	201 KELSEY LANE TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1990

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number	Applied For
59-2999445	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> 5.01	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LEGAL ASSETS, INC.
 1401 BRICKELL AVE
 SUITE 700
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
FL	

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

TITLE	DAS	<input type="checkbox"/> DELETE
NAME	MANDT, JUDITH M.	
STREET ADDRESS	116 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DSCE	<input type="checkbox"/> DELETE
NAME	MANDT, RICHARD D.	
STREET ADDRESS	116 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	MANDT, JOSEPH D.	
STREET ADDRESS	22221 LONGMORE CIR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	MANDT, A. J. M.	
STREET ADDRESS	18115 SWEET JASMINE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	TUCKER, JAMES H	
STREET ADDRESS	4907 EBENSBURG DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	KENDALL, JAMES L JR.	
STREET ADDRESS	504 CENTERBROOK DR.	
CITY-ST-ZIP	BRANDON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MANDT, SAMUEL P.	
1.3 STREET ADDRESS	4003 S. WESTSHORE BL 1005	
1.4 CITY-ST-ZIP	TAMPA FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAYNE, DONICE K.	
2.3 STREET ADDRESS	715 W. BRADDOCK ST	
2.4 CITY-ST-ZIP	TAMPA FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *A.J. Mandt* 4/26/1999 (813) 626-9430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)