

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

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 158336 (3)

1. Corporation Name

FLYER PRINTING CO., INC.

Principal Place of Business

Mailing Address

201 KELSEY LANE
TAMPA, FL 33619

P.O. BOX 5059
TAMPA, FL 33675-5059

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(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 checked="" type="checkbox"/> DELETE
NAME	Mandt, Joseph D.	
STREET ADDRESS	2224 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	DIRECTOR	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 TITLE	DAS
12 NAME	Mandt, Samuel P.
13 STREET ADDRESS	4003 S. Westshore Bl 1005
14 CITY-ST-ZIP	Tampa, FL
21 TITLE	VP
22 NAME	Payne, Donice K.
23 STREET ADDRESS	715 W. Braddock St.
24 CITY-ST-ZIP	Tampa, FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	DIRECTOR
62 NAME	Kendall, James L. Jr.
63 STREET ADDRESS	
64 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-99 813-626-9430
Date Daytime Phone #

CR2E034 (1/98)