FILED Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62937 1. Corporation Name

OVERNIGHT LETTERPRESS, INC.

				_										
Principal Place	e of Business	Mailing Addr	Mailing Address					•	5.14H 214 4111					
5019 EDGEV/AT	ER DR	5019 EDGEWATER DR												
ORLANDO FL 3		ORLANDO FL 32810						DO NOT WRITE IN THIS CRACE						
us		US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
								04/02	/1990	or Qualifec	ı 			
2. Principal P	lace of Business	2a. Mailing Address						4. FEI Ni mber					Apr lied F	
21		26						59-3005892					Not Appli	
Suite, Act.	#, etc.	Suite, Apt. #, etc.						5. Certifca	te of Status	Desired		•	Addition	
22		City & State							0	Fin sin -				
City & Stat	е	<u> </u>					į	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Cour try	28 Zip		Cou	intry				rporation ow		rrent vear			
—	25	29		30	,				al Property		non your i	Yes	IJNo	
24	g. Name and Address of Curro		ent	30		•		10. Name			Registere	d Agent		
	3. Hallio alla Hadiosa S. Salik	<u>.</u>			81	Name								
SMIT	TH, JERRY							· (D. O. F	Ni la a a fa A	1-4 6				
	EDGEWATER DR.			82 Street Ac			s (P.O. Bo)	Number is i	чот Ассер	(able)				
ORL	ANDO FL 32810			83										
												105 7:	o Code	
					84	City					F	L 85 Zij	o C Jue	
agent. I a	to the provisions of 3 celebras down to the provisions of 3 celebras familiar with, and at cept the oblig signature, typed or printed name of registered as	gations of, Section 6	807.0505, FI∘	orida Stat	utes.			when reinstating)			DATE			_ }
12.	OFFICERS A	AND DIRECTORS		13.				ADDITIC	NS/CHANG	ES TO O	FFICERS.	AND DIRECT		
TITLE	PD		DELETE	1.1 T	TLE							☐ Change	e 🗆 /	Addition
NAME	SMITH, JERRY			1.2 N	AME									
STREET ADDRESS	5019 EDGEWATER DR.			1.3 8	TREET	ADDRESS	s							
CITY-ST-ZIP	ORLANDO FL			1.4 C	ITY-S1	T-ZIP	<u>L</u> _							
TITLE			DELETE	2.1 T	ITLE							Chang	e 🗀	Addition
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NAME				3.2 N	AME									Į.
STREET ADDRESS						ADDRESS	8							
CITY-ST-ZIP	<u></u>				CITY-S	T-ZIP	+-					Chang		Addition
TITLE		ı	DELETE	4.1 T									• 🗀	- addition
NAME					NAME									j
STREET ADDRESS						ADDRESS	3							
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NAME						FADDRESS								
STREET ADDRESS					ITY-S		1							
CITY-ST-ZIP			DELETE	6.1 T		ı - 4IF	+-					Chang	e	Addition
TITLE		·	DCLLIL	6.2 N										
NAME						TADDRESS								ļ
STREET ADDRESS	i			0.50			1							ľ

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 or derived 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.

6 4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR