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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

DRANDON CODECN DRINTERS INC

	ON SCREEN PRINTERS, INC		.•				
Principal Place of Business 807 W, BLOOMINGOALE BRANDON FL 33511 US		Mailing Address 867 W BLOOMINGDALE BRANDON FL 33511-7701 US			1 12311217 910 31132 2111 32113 31110 3211		
· · · · · · · · · · · · · · · · · · ·			,		3. Date incorporated or Qualified 03/30/1990	3a. Date of Last Report 04/05/1996	
			omine	gdale	4. FEI Number 59-3078844	Applied For Not Applicable	
27			J		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Brandon Fl 28 Brand		City & State Brandon			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 335		^{7ip} , 33511 30	Country	<u> </u>		Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	
REDMON, GWENDOLYN 81 Name				arrie			
8515 DEE CIRCLE RIVERVIEW FL 33569			82 St	reet Addre	ddress (P.O. Box Number is Not Acceptable)		
The second secon			83				
			84 C	84 Cily		85 Zip Code	
						FL S Z P COOC	
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State c	and 607.1508, Florida Statutes, t f Elorida: Such change was auth	ne above-na orized by the	mea corpo corporatio	ration submits this statement for the pu in's board of directors. I hereby accept	Irpose of changing its registered the appointment as registered	
	LONG IN VERY LAND TO MY HAVE	857 \$351 Section 607 \$35 \$150 \$	Statutes.	•		1.0.00	
	Signature, typod or printed name of registered agold		nis erad Agent pid	Datute required	d when roinstating)	DATE	
12.	OFFICERS AND		13.	no rodino	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELE1E	1.1 1ITLE			☐ Change ☐ Addition	
NAME	REDMON, GARY	1	1.2 NAME			Ì	
STREET ADORESS	ARAB OPP OIDOLF		1.3 STREET ADDE	uess			
CITY-ST-RIP	RIVERVIEW FL		1.4 CITY-ST-ZIP				
TITLE	D	DELETE 2.11				☐ Change ☐ Addition	
NAME (REDMON, GWENDOLYN		2.2 NAME	1		l	
STREET ADDRESS	8515 DEE CIRCLE	1	2 3 STREET ADDR	RESS		ļ	
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-S1-70	,			
TITLE		DELETE	3.1 THILE			☐ Change ☐ Addition	
NAME			3.2 NAME			Į.	
STREET ADDRESS	3.3		3.3 STREET ADD	IESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE	DELETE 4.1		4.1 TITLE	.	- · · ·	☐ Change ☐ Addition	
NAME		}	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDE	ESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE	•		5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE	45.	DETELE	6.1 TITLE			Change Addition	
NAME	•	}	6.2 NAME	Ì		Ì	
STREET ADDRESS			6.3 STREET ADDR	ESS			

-57-29

To 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 falcock 13 if changed, or an attachment with an address.