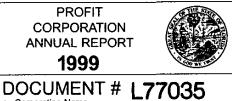
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State **Katherine Harris**

04-21-1999 90165 020 ***150.00

CLASSIC	PRINTING	CENTER, INC.								ĺ
Principal Place	o of Rusinoss		Mailing /	Address					-	t
4510 CURRY FO			_	RRY FORD RD						
B CONNI PC	OND ND		B 8	INT TOND NO						
ORLANDO FL 32812			ORLANDO FL 32812						DO NOT WRITE IN THIS SPACE	_
U\$			U\$						3. Date Incorporated or Qualifed	
									05/29/1990	
2. Principal Pl	lace of Business	2a. Mailing Address						4. FEI Number Applied For	4	
21		26						62-1434367 Not Applicable	<u>-</u>	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	e _	City & State						6. Election Campaign Financing \$5.00 May Be	_ -	
23			28					7	Trust Fund Contribution Added to Fees	
Zip				⊢ · −			Country		8. This corporation owes the current year Intangible	
24	25		29 30						Personal Property Tax. Yes No	
	9, Name and	Address of Current	Registered	Agent	_	81	N I		10. Name and Address of New Registered Agent	\dashv
MICH	HAW, ROSEMA	DV				"	Name			
4119 MONARCH DRIVE							82 Street Addre		ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL						83				\dashv
OND	ANDOIL				83					
						84 City			FL 85 Zip Code	
office or re	registered agent	of Sections 607.0502 or both, in the State of and accept the obligation	Florida, Su	ch change was a	autnonzeo	a by i	the corbo	corpor	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	-
SIGNATURE									when reinstating) DATE	{ .
	Signature, typed or pri	nted name of registered agent OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	E: Registered	a Agen	it signature r	equirea	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	→ 6
12.	D	OFFICERS AND	DIRECTOR	DELETE	1.1 T	m.e			ADDITIONS/CHANGES TO OTT IGENS AND DIRECTORS III / 2	on 🔾
NAME	MILLER, PAT	RICIA A		,	1.2 N					
STREET ADDRESS	ATEC DONIT		,		135	TREET	ADDRESS			}
CITY-ST-ZIP	ORLANDO F		•			:TY-\$1				6
TITLE	D	.		☐ DELETE	2.1 T				Change Additi	on C
NAME	MILLER, DAN	IIEL W.			2.2 N	AME				ĺ
STREET ADDRESS	4755 50487				2.3 S	TREET	ADDRESS			ì
CITY-ST-ZIP	ORLANDO F				2.40	CITY-S	T-ZIP			
TITLE	D			☐ DELETE	3.1 T				☐ Change ☐ Additi	DΠ
NAME	MILLER, RAN	IDALL S.			3.2 N	AME				
STREET ADDRESS		FORK-RANCH-DR-			338	TREET	ADDRESS	-		}
CITY-ST-ZIP	ORLANDO F	L			3.4. 0	CITY-S	T-ZIP			_
TITLE				□ DELETE	4.1 T	ITLE			☐ Change ☐ Addit	on
NAME					4.21	WME				
STREET ADDRESS					4.3 S	TREET	FADDRESS			
CITY-ST-ZIP					4.4 C	ATY-SI	T-ZiP			_
TITLE				☐ DELETE	5.1 T				☐ Change ☐ Addit	on
NAME					5.2 N					
STREET ADDRESS	i						FADDRESS			
CITY-ST-ZIP						ITY-S1	T-ZIP			\perp
TITLE				☐ DELETE	6.1 T				☐ Change ☐ Addit	on
NAME					, 6.2 N					
STREET ADDRESS	:1				6.3 \$	TREET	T ADDRESS	ì		1

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.

6.4 CITY-ST-ZIP

SIGNATURE: