

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L77284** (2)

1. Corporation Name

~~ULTIMATE PRINTZ, INC.~~
22 NO TERRACE, Inc

NC 1/23/96



Principal Place of Business

3350 N.W. 22ND TERRACE
STE 1200
POMPANO BEACH FL 33069
US

Mailing Address

3350 N.W. 22ND TERRACE
STE 1200
POMPANO BEACH FL 33069
US

3. Date Incorporated or Qualified
06/04/1990

3a. Date of Last Report
10/05/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
29 Zip 30 Country

4. FEI Number
65-0199596

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BLACK-PENNY Renny
3350 N.W. 22 TER
STE 1200
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

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 officer, agent, and FEI (if applicable)

Signature Registered Agent's (if applicable) and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACK, CLAIRE	
STREET ADDRESS	3350 NW 22ND TERRACE #1200	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	CTS	<input type="checkbox"/> DELETE
NAME	BLACK, RENNY	
STREET ADDRESS	3350 N. W. 22ND TERRACE 31200	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACK, JEFFREY	
STREET ADDRESS	3350 NW 22ND TERR. #1200	
CITY- ST- ZIP	POMPANO BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACK, JASON	
STREET ADDRESS	3350 NW 22ND TERRACE #1200	
CITY- ST- ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME	RENNY BLACK
3. STREET ADDRESS	3350 N.W 22ND TERRACE #1200
4. CITY- ST- ZIP	Pompno Beach FL 33069
2. TITLE	VP, TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLAIRE BLACK
2.3 STREET ADDRESS	3350 N. W 22 NO TERRACE #1200
2.4 CITY- ST- ZIP	Pompno Beach FL 33069
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	900001845388 <input type="checkbox"/> Addition
5.2 NAME	-05/31/96--01018--014
5.3 STREET ADDRESS	***233.75
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
6.2 NAME	a E/30/96
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 executor 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.

SIGNATURE:

Renny Black - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96
Date

954-974-1244
Telephone Prefix #

CR2E034 (12/95)