

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

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92494

(8)

1. Corporation Name

TYPOGRAPHY PLUS, INC.

Principal Place of Business

147 NW 3 AVENUE
P. O. BOX 276
DANIA FL 33004-7276

Mailing Address

147 NW 3 AVENUE
P. O. BOX 276
DANIA FL 33004-0276



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1990	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0210304	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILLIAMS, JANICE E.
5250 SOUTHWEST 117TH AVENUE
COOPER CITY FL

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
NAME	STREET ADDRESS	1.2 NAME	STREET ADDRESS
CITY - ST - ZIP		1.3 STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	NAME
NAME	STREET ADDRESS	2.2 NAME	STREET ADDRESS
CITY - ST - ZIP		2.3 STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	NAME
NAME	STREET ADDRESS	3.2 NAME	STREET ADDRESS
CITY - ST - ZIP		3.3 STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	NAME
NAME	STREET ADDRESS	4.2 NAME	STREET ADDRESS
CITY - ST - ZIP		4.3 STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	NAME
NAME	STREET ADDRESS	5.2 NAME	STREET ADDRESS
CITY - ST - ZIP		5.3 STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	NAME
NAME	STREET ADDRESS	6.2 NAME	STREET ADDRESS
CITY - ST - ZIP		6.3 STREET ADDRESS	CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)