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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90175 030 ***150.00

DOCUMENT # M15020

1. Corporation Name

PALMETTO PRINTING, INC.

Principal Place of Business Malling Address									1 10010011 101	1,251 61111 65114				
8875 SW 131ST STREET % LINDA SALISBURY														
10700 S.W. 116TH STREET				10700 S.W. 116TH STREET					DO NOT WRITE IN THIS SPACE					
MIAMI FL 33176				MIAM) FL 33176				-	3. Date Incorporated or Qualified					
US) 3.	05/06/1985		_			
- Di-i-i-al Di	and of Dissipance		12- 1	Mailing Address		_		- A	FEI Number				Appli	ed For
2. Principal Place of Business				<u> </u>										pplicable
21				Suite, Apt. #, etc.								\$8.7		
Suite, Apt. #, etc.				27				5.	. Certifcate of Sta	atus Desired			Requ	
22]				City & State					Election Campa	ion Financin	···	\$5.0	00 м	av Re
City & State				28				6.	Trust Fund Cor	•	" □		ed to	
Zip Country				Zip Country					This corporation		rrent vear In	tangible		
	25			29 30			· 1		Personal Prope		,	ŬYes	灰	No
24		Address of Curr		red Agent	1001			10.	Name and Add	- <u>-</u> -	Registered	Agent		
	g. Hallio and	7.00,000 0. 00	<u></u>			81	Name							
SALISBURY, LINDA						82		A 1.6 (#	D 0 D 1	- in blad Ameri	-table)			
10700 S.W. 116TH ST.				ļ			Street	Street Address (P.O. Box Number is Not Acceptable)						ļ
MIAMI FL 33176				'										
	•				1	83								
	•				'	84	City				FL	.	ip Co	
11. Pursuant	to the provisions	of Sections 607.0	502 and 607	7.1508, Florida Statut	es, the al	pove	named	corporatio	n submits this st	atement for the	ne purpose of	changing	its re	gistered
office or n	a trene heretaine	or both in the Sta	te of Florida	r. 1506, Florida Statu i. Such change was a Section 607.0505, Flo	iutnorizec	DV.	tne coro	oration's b	oard of directors	. I nereby act	ept the appo	inunent a	s regis	gerea
=	m jamilar wien, al	no accept the obit	gations or, c	3000011 007 20000, 1 10	inda Oldi									1
SIGNATURE	Signature, typed or prin	l signature r	required when	reinstating)		DATE								
12.		OFFICERS A	AND DIREC	TORS	13.				ADDITIONS/CH	ANGES TO	OFFICERS A			
πLE	D			☐ DELETE	1.1 TO	î LE		}				☐ Chan	ge	Addition
NAME	SALISBURY, (C. DAVID			1.2 N	ME								
STREET ADDRESS	8875 SW 131	ST STREET			1,3 \$1	REET	ADDRESS	.}						}
CITY-ST-ZIP	MIAMI FL				1.4 CI	ry-si	- ZIP							
TITLE	DS			☐ DELETE	2.1 TI	LE						☐ Chan	ge	Addition
NAME	SALISBURY, L	LINDA			2.2 N	ME								
STREET ADDRESS	8875 SW 131				2.3 ST	REET	ADDRESS	: [Į
CITY-ST-ZIP	MIAMI FL				2.4c	TY:S	T-ZiP ===					 		
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NAME					3.2 N	ME								}
STREET ADDRESS					3.3 ST	REET	ADDRESS	:						İ
CITY-ST-ZIP					3.4. C			1		•				
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NAME]				4.2N			1						Ì
STREET ADDRESS					4 3 S	REET	ADDRESS							
					4.4 C									ļ
CITY-ST-ZIP TITLE				☐ DÉLETE	5.1 T?			 				Char	nge	Addition
					52 N									ļ
NAME	ĺ				5.3 ST	REET	ADDRESS	;						
STREET ADDRESS	ĺ				5.4 CI									
CITY+ST-ZIP				DELETE	6.1 TI			 				☐ Char	nge	Addition
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NAME					1		ADDRESS	;						1
STREET ADDRESS				6.4 CF				1						
CITY-ST-7IP	I				0.4 0		. 2.01	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 attachy experience with all other like empowered.

SIGNATURE: