

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/1/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

**DOCUMENT # M64172 (3)**

1. Corporation Name  
**HOLLAND LITHO SERVICE II, INC.**

1995 JUL 11 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**751 AMERICANA BLVD NE  
PALM BAY FL 32907  
US**                                      **751 AMERICANA BLVD NE  
PALM BAY FL 32907  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/08/1988</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-2868560</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2868560		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. 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  
**SUZENAAR, JUDY  
751 AMERICANA BLVD NE  
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVTS</b>	1.1 TITLE	<b>Void</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUZENAAR, MAX</b>	1.2 NAME	<b>Void</b>
STREET ADDRESS	<b>SUZENAAR, JUDY</b>	1.3 STREET ADDRESS	<b>Void</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>	1.4 CITY-ST-ZIP	<b>Void</b>
TITLE	<b>VTS</b>	2.1 TITLE	<b>PVTS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUZENAAR, JUDY</b>	2.2 NAME	<b>SUZENAAR, JUDY</b>
STREET ADDRESS	<b>751 AMERICANA BLVD N.E.</b>	2.3 STREET ADDRESS	<b>751 AMERICANA BLVD., NE</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	<b>PALM BAY, FL</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Suzenaar JUDY SUZENAAR      7/7/95      (407) 676-3728  
Date      (Type or Print)

CR2E034 (3/95)