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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

☐ Change

☐ Change

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Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # M68950 (8)

ADVANCED PRINTER TECHNOLOGIES, INC.

Mailing Address Principal Place of Business % BRADFORD BAKER % BRADFORD BAKER 3108 CASEY KEY ROAD **3108 CASEY KEY ROAD** NOKOMIS FL 34275 NOKOMIS FL 34275-3360 3. Date incorporated or Qualified 3a. Date of Last Report 02/15/1988 03/19/1996 2. Principal Place of Business 4. FET Number 2a. Mailing Address Applied For 65-0039597 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required AMIAMI City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 274 Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BAKER, BRADFORD 3108 CASEY KEY ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **NOKOMIS FL 34275** MIMI 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bent in the state of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and according the allows of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Bagistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 18. 3108 CASEY 164 RD •PD DELETE Change TITLE 1.5 1111.6 BAKER, BRADFORD PO BOX 819 NAME 1.2 NAME 3108 CASEY KEY RD 1.3 STREET ADDRESS STREET ADDRESS 3 4274 **NOKOMIS FL** CITY-ST-ZIP 1.4 C(1Y - S1 - Z(P DELETE Change Addition TITLE 2.1 1111.6 BRUNELL, DAVID 2.2 NAME NAME 1576 FERNGRAN STREET ADDRESS 23 STREET ADDRESS W. PALM BEACH FL 2. 4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 311IIIE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 34. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1101LE

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 animal report of supplementary must 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 of the receive 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 charged, or one introduced with an address.

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.3 STREET ADDRESS

6.1 THLE

6.2 NAME

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DELETE

4.4 CITY - ST - 7IP

5.4 CITY - ST- ZIP

6.3 \$TREE1 ADDRESS

6.4 CHY - ST - 7/P