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

**PROFIT** CORPORATION ANNUAL REPORT 1998 **DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

## **FILED** Feb 16 1998 8:00am Secretary of State

PRINT	ER'S SOFTWARE, INC	(/					
Principal Place of Business Mailing Address						T THE WORLD WE WANT OF THE STATE OF THE STAT	EDIN MINUT ONNEE BINNE DENIE 1881
3665 BEE RIDGE RD. #112 3665 BEE RIDGE RD. #112 8ARASOTA FL 34233 SARASOTA FL 34233						DO NOT WRITE IN TH	IS SPACE
						3. Date Incorporated or Qualified	
						10/25/1988	
<del></del>	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21	41-	26				22-2270524	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		6 Flootion Common Figure 1	· · · · · · · · · · · · · · · · · · ·		
23	-	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip Cou			intry		B. This corporation owes or has paid the	
24	25 29 30				Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent
GF	RIECO, PAUL N.			81	Name		
3665 BEE RIDGE RD, #112				82 Street Addre		ess (P.O. Box Number is Not Acceptable)	
SA	IRASOTA FL 34233					· · · · · · · · · · · · · · · · · · ·	
				83			
				84	City		85 Zip Code
11 Purcuent	to the provisions of Ractions 607.0603	and 607 1509. Florida Statuta	o the of		nomad sorn	oration submits this statement for the pursuant	
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. La	am familiar with, and accept the obliga	tions of, Section 607.0505, Flor	rida Stat	tutes.			-
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	: Registered	d Agent	signatura require	d when reinstating) DATE	
12.	OFFICERS AND		13.		e-g-uara-to-q-ara-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.5 TI	1.1 TITLE			Change Addition
NAME			1.2 NA	AME			;
STREET ADDRESS			1.3 ST	REFT AC	ODRESS		
CITY-ST-ZIP	SARASOTA FL			TY-ST-	ZIP		
TITLE	D	☐ DELETE	2.1 TH	TLE			Change Addition C
NAME	GRIECO, PAUL N.		2 2 NA				
STREET ADDRESS	3665 BEE RIDGE RD, #112		•	REET AC			
CITY-ST-ZIP				TY-ST-	ZIP		Channel
TITLE NAME	VD Reiter, Charles D.	☐ DELETE	3.1 TITLE 3.2 NAME				☐ Change ☐ Addition
STREET ADDRESS	3665 BEE RIDGE RD, #112				YDRESS		
CITY-ST-ZIP	SARASOTA FL		3.3 STREET 3.4. CITY - S				
TITLE	<u> </u>	DELETE	4.1 TITLE		En .		Change Addition
NAME		<del></del>	4. 2 NA				
STREET ADDRESS				REET AC	DORESS		
CITY-ST-ZIP			4.4 CIT	TY-ST-	ZIP		
TITLE		☐ DELETE	5.1 TiTLE				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STF	REET AD	DRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIF		ZIP		
TITLE		DELETE	6.1 TITLE				Change Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STF	REET AD	DRESS		
CITY-ST-ZIP				IY-ST-Z			
14. 1 nereby 0	perury that the information supplied wit	n this filing does not qualify for	the exe	mptio	in stated in S	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.