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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P28328 (3)
1. Corporation Name
DODD PRINTERS, INC.

Principal Place of Business: **245 W 75TH PL
HALEAH FL 33014**
Mailing Address: **7550 W. 2ND CT
HALEAH FL 33014
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/01/1990** 3a. Date of Last Report: **04/01/1994**
4. FEI Number: **62-1419675** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suits, Apt. #, etc.: Suits, Apt. #, etc.:
22. City & State: **27** 23. City & State: **28**
24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **Louis Weltman**
82 Street Address (P.O. Box Number is Not Acceptable): **7550 W. 2nd Court**
83
84 City: **Hialeah** 85 Zip Code: **FL 33014**

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: *Louis S. Weltman* *Chambers & C.O.*
Signature, typed or printed name of registered agent and 1191 (registered agent) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS	
TITLE: P	BALDASSARRE, GUSTAVO --
NAME:	-13025 6W-28TH-STREET
STREET ADDRESS:	MIAMI FL --
CITY-ST-ZIP:	
TITLE: V-	DODD, RICHARD
NAME:	16583 NW 83 PL
STREET ADDRESS:	MIAMI FL
CITY-ST-ZIP:	
TITLE: T	HINCHION, MICHAEL
NAME:	424 CHURCH ST., STE 1900
STREET ADDRESS:	NASHVILLE TN
CITY-ST-ZIP:	
TITLE: D	ELMERICK, ROBERT B.
NAME:	115 SOUTH LA CUMBRE LANE
STREET ADDRESS:	SANTA BARBARA CA
CITY-ST-ZIP:	
TITLE: S	IRONS, BARBARA JEAN
NAME:	121 EXECUTIVE CENTER DR
STREET ADDRESS:	COLUMBIA SC
CITY-ST-ZIP:	
TITLE: D	IRONS, LEON
NAME:	121 EXECUTIVE CENTER DR
STREET ADDRESS:	COLUMBIA SC
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE:	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	Troy Domy
13 STREET ADDRESS:	7550 W. 2nd Ct.
14 CITY-ST-ZIP:	Hialeah, FL. 33014
21 TITLE:	C.E.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME:	Louis S. Weltman
23 STREET ADDRESS:	7550 W. 2nd Court
24 CITY-ST-ZIP:	Hialeah, FL. 33014
31 TITLE:	C.F.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME:	Martin O. Stelling
33 STREET ADDRESS:	7550 W. 2nd Ct.
34 CITY-ST-ZIP:	Hialeah, Florida 33014
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Martin O. Stelling* **Martin O. Stelling**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 **305-557-1611**
Date (System) (Area #)