

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28328** (3)

1. Corporation Name
DODD PRINTERS, INC.



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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporation or Qualified: **03/01/1990**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **62-1419675**
5. Cert. State of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent: **WELTMAN, LOUIS 7550 W 2ND COURT HIALEAH FL 33014**

10. Name and Address of New Registered Agent: **Troy Dominy 7550 W. 2nd Court Hialeah FL 33014**

11. Pursuant to the provisions of Sections 607.02 and 607.0506, 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 607.0506, Florida Statutes.

SIGNATURE: **Troy Dominy, President** *Troy Dominy* **3/27/96**

12. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> DELETE
NAME	DOMINY, TROY	
STREET ADDRESS	7550 W 2ND COURT	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	WELTMAN, LOUIS S	
STREET ADDRESS	7550 W 2ND COURT	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	STELLING, MARTIN O	
STREET ADDRESS	7550 W 2ND CT	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELMERICK, ROBERT B	
STREET ADDRESS	115 SOUTH LA CUMBRIE LANE	
CITY-STATE-ZIP	SANTA BARBARA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IRONS, BARBARA JEAN	
STREET ADDRESS	121 EXECUTIVE CENTER DR	
CITY-STATE-ZIP	COLUMBIA SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IRONS, LEON	
STREET ADDRESS	121 EXECUTIVE CENTER DR	
CITY-STATE-ZIP	COLUMBIA SC	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Dodd	
STREET ADDRESS	1344 S.W. 173 Way	
CITY-STATE-ZIP	Pembroke Pines, Fl. 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 the 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 sole owner or business empowe... 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 affidavit.

SIGNATURE: *Troy Dominy* **Troy Dominy, President** 3-26-96 305-557-1611

CR2E034 (12/95)