

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 33014-4304 US**

3. Date Incorporated or Qualified: **03/01/1990**  
 3a. Date of Last Report: **04/01/1996**  
 4. FEI Number: **62-1419675**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$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. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip Country  
 24. 25. 26. 27. 28. 29. 30.

**9. Name and Address of Current Registered Agent**

**DOMINY, TROY**  
**7550 W 2ND COURT**  
**HIALEAH FL 33014**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 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 607.0505, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRES</b>	<input type="checkbox"/> DELETE
NAME	<b>DOMINY, TROY</b>	
STREET ADDRESS	<b>7550 W 2ND COURT</b>	
CITY, ST, ZIP	<b>HIALEAH FL</b>	
TITLE	<b>V-</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DODD, RICHARD</b>	
STREET ADDRESS	<b>1244 SW 173 WAY</b>	
CITY, ST, ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELMERICK, ROBERT B</b>	
STREET ADDRESS	<b>115 SOUTH LA CUMBRIE LANE</b>	
CITY, ST, ZIP	<b>SANTA BARBARA CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>IRONS, BARBARA JEAN</b>	
STREET ADDRESS	<b>121 EXECUTIVE CENTER DR -</b>	
CITY, ST, ZIP	<b>COLUMBIA SC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRONS, LEON</b>	
STREET ADDRESS	<b>121 EXECUTIVE CENTER DR</b>	
CITY, ST, ZIP	<b>COLUMBIA SC</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>5623 Fairfield Rd.</b>
4.4 CITY - ST - ZIP	<b>Columbia, S.C. 29210</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>5623 Fairfield Rd.</b>
5.4 CITY - ST - ZIP	<b>Columbia, S.C. 29210</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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.

**SIGNATURE:** *Troy Dominy* **Troy Dominy, President** **3-4-97** **305-557-1611**  
 SIGNATURE (HANDWRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date District Phone #

CR2E034 (9/96)