

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

000824

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90124 045 ***150.00

DOCUMENT # P28637

1. Corporation Name QUIK PRINT, INC.



Principal Place of Business 1012 WEST NINTH AVENUE KING OF PRUSSIA PA 19406 Mailing Address 1012 WEST NINTH AVENUE KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		03/20/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		48-1077332	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
81 Name				<input type="checkbox"/> \$5.00 May Be Added to Fees	
82 Street Address (P.O. Box Number is Not Acceptable)				7. This corporation owes the current year Intangible Personal Property Tax.	
83				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, ARTHUR	1.2 NAME	John H. Foster
STREET ADDRESS	1012 WEST NINTH AVENUE	1.3 STREET ADDRESS	1012 W. Ninth Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	1.4 CITY-ST-ZIP	King of Prussia, PA 19406
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOHUE, LIAM	2.2 NAME	Ahan D. Belyea
STREET ADDRESS	1012 W. 9TH AVE.	2.3 STREET ADDRESS	1012 W. Ninth Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	2.4 CITY-ST-ZIP	King of Prussia, PA 19406
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CETRULLO, RICHARD	3.2 NAME	
STREET ADDRESS	1012 W. 9TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] 3/5/99 Date Daytime Phone #

CR2E034 (11/98)