


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 01 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 # P92000003393 (5)

1. Corporation Name

ARTCRAFT PRINTERS OF LAKE LAND, INC.



Principal Place of Business

2525 E MAIN ST
LAKE LAND FL 33801

Mailing Address

2525 E MAIN ST
LAKE LAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1992	3a. Date of Last Report 08/06/1996
4. FEI Number 59-3151106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

OFFERMANN, KEVIN
6136 WATERMAN LN
LAKE LAND FL 33813

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSDT	<input type="checkbox"/> DELETE
NAME	OFFERMANN, KEVIN R.	
STREET ADDRESS	6136 WATERMAN LN	
CITY - ST - ZIP	LAKE LAND FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	OFFERMANN, KELLY	
STREET ADDRESS	6136 WATERMAN LANE	
CITY - ST - ZIP	LAKE LAND FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	OFFERMAN, ERICH J	
STREET ADDRESS	837 EDGEWOOD E	
CITY - ST - ZIP	LAKE LAND FL 33803	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LATHAM, USA O	
STREET ADDRESS	1617 S LINCOLN	
CITY - ST - ZIP	LAKE LAND FL 33803	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OFFERMANN, KELLY D	
STREET ADDRESS	837 EDGEWOOD E	
CITY - ST - ZIP	LAKE LAND FL 33803	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	

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 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 *[Signature]* DATE *9-28-97* (441) 115-9153

CR2E034 (4/97)