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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000004473 (3)

1, Corporation Name

K'S CUSTOM PRINTING, INC.

Principal Place of Business Mailing Address

1999 JENSEN BEACH BLVD 1999 JENSEN BCH BLVD
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957



ACHOCK DENOTITE A LOS.			US				Date Incorporated or Qualified 01/14/1993	3a. Date of L 05/0	ast Report 1/1995		
2	Principal Place of Busines	SS 2	i. Mailing Address				4. FEI Number		Applied For		
26]				65-0380812		Not Applicable		
Suite, Apt. #, elc.			Suite, Apt. #, etc				5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required		
<u></u>	City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
:3]	Zip	Country 25	- 2 φ	30 Cou	ntry		This corporation has liability in in Florida Statutes Yes	ntangible tax ur	nder's 199.032,		
	l .	and Address of Current Re	<u>-</u>	. 1			10. Name and Address of New R	egistered Age	nt		
					81	Name					
PINNER, KAY 1989 JENSEN BCH BLVD					82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
JENSEN BEACH FL 34957					83						
					84	,		FL	5 Zip Code		
1	or registered agent or	ons of Sections 607,0502 and both, in the State of Floridal S the obligations of, Section 6	uch change was authorze	ea by the (i eve iqno:	named corpora oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appr	rpose of changil ointment as reg	ng its registered office istered agent. I am		
s	IGNATURE	or purity runic of regist and agent and the	∾taga iada	TE Fagodere	Á, pě	rt sognat de no parto.	I when renotated	DATE			

12.	Signaturo (gela di punto Franci et registimo tragici a in tre OFFICERS AND DIRE	a. · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NAME	PINNER, KAY		1.2 NAME	
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NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
	1		CACUS CL 20	

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. Ffurther certify that the information indicated on this angular 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 directory of the confirmation 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 2 tichanged of on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/9/ (407)334-279/

;R2E034 (12/95)