

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIMBATE: \$375)**

**APPROVED
AND
FILED**

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000032132 (1)

1. Corporation Name

T AND O DESKTOP PUBLISHING SERVICE, INC.

600001519456
-06/21/95--01057--019
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6751 SOUTHWEST 10TH COURT PEMBROKE PINES FL 33023	6751 SOUTHWEST 10TH COURT PEMBROKE PINES FL 33023

3. Date Incorporated or Qualified 04/30/1993	3a. Date of Last Report 04/29/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0410618	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCARTHY, O'NEILL 6751 SOUTHWEST 10TH COURT PEMBROKE PINES FL 33023	

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 _____ DATE _____
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY O'NEILL	12 NAME	
STREET ADDRESS	6751 SOUTHWEST 10TH COURT	13 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, TONYA	22 NAME	
STREET ADDRESS	6751 SOUTHWEST 10TH COURT	23 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33023	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

*6/26/95
MST*

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 110.07(3)(a), 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 its receiver or trustee and authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Cheryl W. ...* DATE: 6/5/95 SYSTEM NUMBER: 305-424-3303

CR2E034 (3/95)