FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 6:45

DOCUMENT # P93000042354 (9)

1. Corporation Name
CONTINENTAL MEDIATION, INCORPORATED

Principal Place of Business	Mailing Address
242 NE 22ND AVE CAPE CORAL FL 33909 US	242 NE 22ND AVE CAPE CORAL FL 33909 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: 65-0417577 ☐ 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

9. Name and Address of Current Registered Agent

WILLIS, DEBORAH A
242 NE 22ND AVE
CAPE CORAL FL 33909

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIS, DEBORAH A	12 NAME	
STREET ADDRESS	242 N.E. 22ND AVE.	13 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33909	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIS, RONALD R	22 NAME	
STREET ADDRESS	10391 S.W. 186TH ST.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Deborah A Willis 6/8/95 941-574-9048
SIGNATURE AND TITLE OR FIRST LETTER OF MIDDLE NAME OF DIRECTOR Date Daytime Phone #

0450306 FP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN 13 AM 9:28

DOCUMENT # **P93000042374 (7)**

1. Corporation Name
PRINT U.S.A. SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
~~2771 E OAKLAND PARK BLVD.~~ ~~FT. LAUDERDALE FL 33306~~ ~~US~~	~~2771 E. OAKLAND PARK BLVD.~~ ~~FT. LAUDERDALE FL 33306~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1993	3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0376439	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 205 Ansin Blvd.	26 Same 205 Ansin Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Hallandale, FL	28 Hallandale FL
24 33004 25 County USA	29 33009 30 County U.S.A

9. Name and Address of Current Registered Agent

TYSON, MICHELLE
2771 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

205 Ansin Blvd
Hallandale, FL
33009

10. Name and Address of New Registered Agent

81 Name: Michelle Tyson
82 Street Address (P.O. Box Number is Not Acceptable): 205 Ansin Blvd.
83 Hallandale
84 City: FL 85 Zip Code: 33009

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Change ☐ Addition ☐ — President
NAME	TYSON, MICHELLE	12 NAME	Michelle Tyson
STREET ADDRESS	~~2400 NE 46 ST~~	13 STREET ADDRESS	2200 S Ocean Lane #1108
CITY ST ZIP	~~LIGHTHOUSE POINT FL 33064~~	14 CITY ST ZIP	Ft. Lauderdale, FL 33316
TITLE		21 TITLE	Change ☐ Addition ☐
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	Change ☐ Addition ☐
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	Change ☐ Addition ☐
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	Change ☐ Addition ☐
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	Change ☐ Addition ☐
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Michelle President May 30 95 (305) 458-5300
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

Michelle Tyson President

0213142 CP