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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000045684 (6)

	ation Name	<i>"</i> . •		71000-1	(5)
INN	ovative im	PRINT CON	NCEPT, INC	С.	

Principal Place of Business Mailing Address 2302 HERMITAGE BLVD. 2302 HERMITAGE BLVD. VENICE FL 34292 VENICE FL 34292 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1993 08/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0422187 21 26 Not Applicable Suite, Ant. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 ☐ Yes ☐ No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COX, LLOYD 82 Street Address (P.O. Box Number is Not Acceptable) 2302 HERMITAGE BLVD - CUITE 215 OMIT 83 OMIT VENICE FL 34292 84 City Zip Code 85 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE $11^{\prime} L F$ 1. 1 TITLE V. P. MKTG. Change Addition COX, LLOYD NAME COX, LLOYD 1.2 NAME 4101 O. TAMIAMI TRAIL, OUITE 215 2302 HERMITAGE BLVD. STREET ADDRESS 1.3 STREET ADDRESS VENICE FL-24285 34292 VENICE, FL OITY - \$1 - 7(P) 1.4 CITY - ST- 7IP PΡ DELETE TILE 2.1 THE Change Addition COX, MARILYN NAME: 22 NAME 2302 HERMITAGE BLVD STRE-T ADDRESS 23 STREET ADDRESS 34292 VENICE FL C:1Y-\$1-Z-P 24 CITY-ST-ZIP DEL ETE 1:115 3 1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY ST-ZIF 34 CHTY - ST - ZIP THE DELETE 4 COME ☐ Change ☐ Addition LAM 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY ST 20 4.4 CITY - ST - ZIP TILLE DELETE 5 1 TITLE Change Add-tion NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - 51 - 20-54 CITY-ST-ZIP TIFLE T DELETE ☐ Change ☐ Add-tion 6.1 TITLE NAME 62 NAME SPEEL LADDRESS 63 STREET ADDRESS

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. 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 oatri, that I am an officer or director of the corporation or the receiver or trustee enipowered 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.

6.4 CITY - ST - 7IP

SIGNATURE

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MARILYN

Cox

-24-96 484 Date Destrine Pr

484-5414 Dayling Phone 8 CR2E034 (12/95)