

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000048637 (1)**

1. Corporation Name  
**THE PRINTING CENTER OF ST. LUCIE COUNTY, INC.**

Principal Place of Business  
**1532 SE VILLAGE GREEN DR  
C  
PORT ST LUCIE FL 34952  
US**

Mailing Address  
**1532 SE VILLAGE GREEN DR  
SUITE C  
PORT ST LUCIE FL 34952  
US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>1587 South Niemeyer Cir.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Port St. Lucie, FL</b> Zip 24 <b>FL 34952</b> Country 25 <b>St. Lucie</b>	<b>2a. Mailing Address</b> 26 <b>1587 South Niemeyer Cir</b> Suite, Apt. #, etc. 27 City & State 28 <b>Port St. Lucie, FL</b> Zip 29 <b>34952</b> Country 30 <b>St. Lucie</b>
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<b>3. Date Incorporated or Qualified</b> <b>07/06/1993</b>	<b>4. FEI Number</b> <b>65-0428194</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
**DESTEFANO, JOHN A**  
~~1532 SE VILLAGE GREEN DR SUITE C~~  
**PORT ST LUCIE FL 34952**

<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1587 South Niemeyer Circle</b> 83 84 City <b>St. Lucie</b> 85 Zip Code <b>FL</b>
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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	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DESTEFANO, JOHN A</b>
STREET ADDRESS	<b>840 DEGAN DR SE</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>DESTEFANO, HEIDI</b>
STREET ADDRESS	<b>840 DEGAN DR SE</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *John A. Destefano* *Heidi Destefano* 4/13/98 361-335-3623

CR2E034 (10/97)