

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000052241 (5)

1. Corporation Name

THE PRINTING PRESS, INC.



Principal Place of Business: **5101 E BUSCH BLVD SUITE 1 TAMPA FL 33617**
Mailing Address: **5101 E BUSCH BLVD SUITE 1 TAMPA FL 33617**

3. Date Incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-3193835**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent
**GOLDSTEIN, BRUCE S
500 E KENNEDY BLVD
SUITE 200
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name: **James T. Wilcox**
82 Street Address (P.O. Box Number is Not Acceptable): **8032 Fawnridge Circle**
83 City: **Tampa** FL 85 Zip Code: **33610**

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: *James T. Wilcox* DATE: **8/2/96**

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input checked="" type="checkbox"/>
NAME	COPPOLINO, JUSTIN	
STREET ADDRESS	5101 E. BUSCH BLVD., #1	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	SUSAN PEARSON	
1.3 STREET ADDRESS	5101 E. BUSCH BLVD., #1	
1.4 CITY-ST-ZIP	TAMPA FL 33617	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Susan Pearson* DATE: **8/2/96** ORIGINAL FILE # **(83) 985-2020**

CR2E034 (3/96)