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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000070650 (5)

1. Corporation Name

CLEAR IMAGE PRINTING & COPY CENTER, INC.

Principal Place of Business

9425 LEM TURNER ROAD
JACKSONVILLE FL 32208

Mailing Address

9425 LEM TURNER ROAD
JACKSONVILLE FL 32208-1568



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3214303

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

9. Name and Address of Current Registered Agent

GILBERT, LEON MCWILLIAM
9705 SAPPINGTON AVE.
JACKSONVILLE FL 32208

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 Leon Gilbert

1-20-97

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 P GILBERT, LEON MCWILLIAM DELETE

NAME GILBERT, LEON MCWILLIAM
STREET ADDRESS 9705 SAPPINGTON AVE.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE S GILBERT, LINDA M. DELETE

NAME GILBERT, LINDA M.
STREET ADDRESS 9705 SAPPINGTON AVE.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE V GILBERT, TERRANCE L. DELETE

NAME GILBERT, TERRANCE L.
STREET ADDRESS 1801 DUNN AVE., APT. 307
CITY-STATE-ZIP JACKSONVILLE FL

TITLE V GILBERT, COREY L. DELETE

NAME GILBERT, COREY L.
STREET ADDRESS 9705 SAPPINGTON AVE.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-STATE-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-STATE-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition

1.2 NAME Leon McWilliam Gilbert
1.3 STREET ADDRESS 9705 Sappington Avenue
1.4 CITY-STATE-ZIP Jacksonville, Florida 32208

2.1 TITLE S & T Change Addition

2.2 NAME Linda M Gilbert
2.3 STREET ADDRESS 9705 Sappington Avenue
2.4 CITY-STATE-ZIP Jacksonville, Florida 32208

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-STATE-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-STATE-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-STATE-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-STATE-ZIP Change Addition

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***165.00

14. I do 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:

Leon Gilbert

1-20-97

766-1860

CR2E034 (9/96)