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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Carolee B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082588 (3)
 1. Corporation Name
BEVERLY HILLS PRINT INC.

Principal Place of Business 5 SOUTH MELBOURNE ST. BEVERLY HILLS FL 34465	Mailing Address 5 SOUTH MELBOURNE ST. BEVERLY HILLS FL 34465
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 05/01/1994
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3209830	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**VENEZIO, ALLEN
1 ROOSEVELT BLVD.
BEVERLY HILLS FL 34465**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 types or prints name of registered agent and then # applicable) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDONGER, GAIL E	12. NAME	
STREET ADDRESS	6363 W. OAKLAWN ST.	13. STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL 34446	14. CITY - ST - ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIO, FRANCINE T	22. NAME	
STREET ADDRESS	1 ROOSEVELT BLVD.	23. STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILLS FL 34465	24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(a), 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 addition.

SIGNATURE: Francine T. Venezia **4/25/95** **527-3352**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)