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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9300088395 (7)

PJ'S TYPE 'N GRAFIKS, INC.

Principal	Place	of	<b>B</b> usiness

Mailing Address

3410 MELODY CR

3410 MELODY CR

## **FILED** Apr 23 1997 8:00am Secretary of State



SARASOTA FL	OTA FL 34237 SARASOTA FL 34237-4731													
							3.	. Date Incorpor	ated or Qualified		te of Last R <b>8/1996</b>	leport		
<del></del>		2a. Mailing Ad	g Address		4.	. FEI Number	00	-1 <del></del>	Aı	oplied For				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-04566	23			ot Applicable			
22	w, 610.		27	w, etc.			5.	. Certificate of	Status Desired			Additional aquired		
City & State	<del></del>		City & Sta	le			- 6	Flection Camr	paign Financing					
23	23		28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees							
Zip	Cour	ntry	Zip Country			/	8.	8. This corporation has liability for intangible tax under s. 199.032,						
24	25		29		10	Florida Statutes X Yes No  10. Name and Address of New Registered Agent								
WA	9. Name and Add		tegistered Ager	)I	81	Name	10.	, Name and Ad	dress of New Re	gistered A	gent			
	DDWORTH, PAULE MELODY CR.	116												
	ASOTA FL 34237				82	Street /	treet Address (P.O. Box Number is Not Acceptable)							
V/11	NOOTH IE OTEO				83									
					84	Cit		<del></del>			Tall Si			
						1 7				FL	1 1	Code		
11. Pursuant office or re agent. Fa	to the provisions of Se egistered agent, or be m familiar with, and a	ections 607 0502 a oth, in the State of eccept the obligation	end 607,1508, Flo Florida Such ch ans of Section 60	orida Statutes lango was au 17.0505, Elori	, the abov thorized b	e-named y the corp	corporation s	on submits this : board of directo	statement for the pors. I hereby accep	urpose of all the appo	changing it pintment as	s registered registered		
SIGNATURE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou black	<b>.</b>								
	Signature, typed or printed n			(NOTE: I	Registered Ag	ant signature	<del></del>		*****	DATE				
12.	ŚV	OFFICERS AND E		DELETE	13. 1.1 TITLE	- <del></del>		ADDITIONS/CH	ANGES TO OFFIC		DIRECTOR  Change			
NAME	WOODWORTH, L	ARRY		DELETE	1.2 NAME					'		☐ Addition		
STREET ADDRESS	3410 MELODY CI				1.3 STREET	ADDRESS								
CITY-ST-ZIP	SARASOTA FL				14 CITY - S	1								
TITLE				DELETE	21 TILE						Change	Addition		
NAME					2.2 NAME									
STREET ADDRESS					2 3 STREET	ADDRESS								
CITY-ST-ZIP				DELETE	2. 4 CHY-	ST-ZIP			·					
TITLE NAME				DELETE	3.1 TITLE					ι	Change	☐ Addilion		
STREET ADDRESS					3.2 NAME 3.3 STREET	ADDRESS								
CITY-ST-ZIP					3.4. CITY-									
TITLE				DELETE	4.1 TITLE	31-211					Change	Addition		
NAME					4. 2 NAME									
STREET ADDRESS					4.3 STREET	ADDRESS								
CITY-ST-ZIP					4.4 CITY - S	1-ZIP								
TITLE			L	DELETE	5.1 TITLE					[	Change	Addition		
NAME CTOSET ADDOSES					5.2 NAME									
STREET ADDRESS CITY-ST-ZIP					5.3 STREET									
TITLE				DELETE	54 CHY-S 61 TITLE	1 - ZIP					Change	Addition		
NAME					62 NAME					·	onange	L. Addition		
STREET ADDRESS					63 STREET	ADDRESS								
CITY-ST-ZIP					64 CITY-S									

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 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.

AULETTE