

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009687 (2)

1. Corporation Name

ON PRESS PRINTING, INC.



Principal Place of Business

5231 CORVETTE DRIVE
TAMPA FL 33624-1088

Mailing Address

5231 CORVETTE DRIVE
TAMPA FL 33624-1088

2. Principal Place of Business

21 4625 N MANHATTAN AVE

Suite, Apt. #, etc.

22 SUITE 6

City & State

23 TAMPA, FL

Zip

24 33614

County

25

Zip

26 33614

2a. Mailing Address

26 4625 N MANHATTAN AVE

Suite, Apt. #, etc.

27 SUITE 6

City & State

28 TAMPA, FL

County

29 33614

30

3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3220708

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

JORDAN, GENE A JR.
5231 CORVETTE DRIVE
TAMPA FL 33624-1088

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, GENE A JR.		
STREET ADDRESS	5231 CORVETTE DRIVE		
CITY-ST-ZIP	TAMPA FL 33624-1088		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sue Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (813)871-5174

Date

Daytime Phone #