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

FILED
97 OCT -6 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011287 (7)

1. Corporation Name
GOODWAY PRINTING AND COPY CENTER OF WEST PALM BEACH, INC.

Principal Place of Business
1601-A NO. MILITARY TRAIL
W. PALM BEACH FL 33409

Mailing Address
1601-A NO. MILITARY TRAIL
W. PALM BEACH FL 33409-4711

3. Date Incorporated or Qualified: **02/07/1994**
3a. Date of Last Report: **05/01/1996**

4. FEI Number: **65-0521113** — 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

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) — Country (25) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent
HOLCOMB, RONNIE
1601-A NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — **FL** — 35 Zip Code

900002317779--4
-10/10/97--01038--003
****200.00 ****200.00

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 _____ (Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered

12. OFFICERS AND DIRECTORS — 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12.	13.
TITLE	D ☐ DELETE	☐ Change ☐ Addition
NAME	HOLCOMB, RONNIE	
STREET ADDRESS	2727 OKEECHOBEE BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900002317779--4
-10/10/97--01038--004
****350.00 ****350.00

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 _____ 561-686-1380

CR2E034 (9/96)