

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P94000023771 (6)**

95 MAY -1 PM 2: 22

1. Corporation Name

**PRINTER PERFECT INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **102 MUIRFIELD COURT STE. B JUPITER FL 33458**  
Mailing Address: **102 MUIRFIELD COURT STE. B JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1994**  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

**TAXID# 65-0477922**

Not Applicable

Suite, Apt. # etc.

Suite, Apt. # etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

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27

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

City & State

City & State

23

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8. This corporation has liability for intangible tax under S. 199 D32, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIORENZA, ROSEMARY  
102 MUIRFIELD COURT  
STE. B  
JUPITER FL 33458**

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 of Registered Agent (Print Name of Registered Agent and Date of Signature)

Signature of Registered Agent (Print Name of Registered Agent and Date of Signature)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>FIORENZA, EDWARD J</b>
STREET ADDRESS	<b>102 MUIRFIELD COURT</b>
CITY, ST, ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>ST</b>
NAME	<b>FIORENZA, ROSEMARY</b>
STREET ADDRESS	<b>102 MUIRFIELD COURT</b>
CITY, ST, ZIP	<b>JUPITER FL 33458</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 incorporated in or on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of attached Form 1001.

SIGNATURE:

*Rosemary Fiorenza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec. Treas. 4/29/95 407-744-7801*  
SECRETARY OF STATE