SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1	9	9	6

DOCUMENT #
1. Corporation Name

P94000057882 (0)

THE PRINT FIRM, INC.		
Principal Place of Business	Mailing Address	
828 JAMESTOWN DRIVE WINTER PARK FL 32792	828 JAMESTOWN DRIVE WINTER PARK FL 32792	



				3. Date Incorporated or Qualified	3a. Date of Last Report	
				08/04/1994	04/21/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 3324 MONIKA CIECLE	26			59-3286313	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional	
City & State	27		· · · · · · · · · · · · · · · · · · ·		Fee Required	
<i>'</i>	City & State			6. Election Campaign Financing	55.00 May Be	
23 ORLAND, FL Zip Country	28	Counts		Trust Fund Contribution	Added to Fees	
24 328 \ 2 25 USA	Zip	Countr	у	8. This corporation has liability for in	~ 	
9. Name and Address of Curren	t Registered Agent	30		Florada Statutes 10. Name and Address of New Reg	Yes No	
o. Italia and Address of Outron	i riculatered Agent	81	Name	TO. Name and Address of New Reg	istered Agent	
Shorthouse, todd						
828 JAMESTOWN DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32792		0.5	83			
		0.5	'			
		84	City		85 Zip Code	
44 5			L		FL "	
Pursuant to the provisions of Sections 607.0503 office or registered agent or both, in the State is	2 and 607.1508. Florida Statu of Florida. Such change was	utes, the above authorized by	e-named corp / the corporati	oration submits this statement for the pur on's board of directors. Thereby accent t	pose of changing its registered he appointment as registered	
agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statute:	S.	one books of an estate in the early destays to	ne appointment as registered	
SIGNATURE						
Signature ityped or printed name of registered ager			jest signature regor	red wherereinstating)	OA'E	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
THILE	DELETE	1 1 TITLE			Change Addition	
SHORTHOUSE, TODD		1 2 NAME	1			
	BEN MONIKA		LADDRESS		li li	
	serando, fr 3281		ST-ZIP			
TITLE	DELETE	2 1 TITLE			Change Addition	
NAME		2 2 NAME				
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Ido 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 1 further certify that the information indicated on this annual report or suppliemental 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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed or an arrattachment with an address.

SIGNATURE:

CHATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

8/2/94 (407855-8282