## SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

3324 MONIKA aRUE

## DOCUMENT # 1. Corporation Name P94000057882 (0)

Country

9. Name and Address of Current Registered Agent

THE PRINT FIRM, INC.

Principal Place of Business

2. Principal Place of Business

32812-7306

SHORTHOUSE, TODD 828 JAMESTOWN DRIVE

WINTER PARK FL 32792

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

COCLAMDO

26

28

3324 MONIKA CIR ORLANDO FL 32812

21

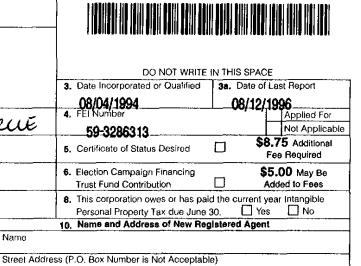
22

23

828 JAMESTOWN DRIVE WINTER PARK FL 32792 APPROVED and. FILED

1997 OCT 20 PM 3: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

Country

81 Name

82

В3 84 City

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |                       |          |                      |   |
|--|-----------------------|----------|----------------------|---|
| SIGNATURE Signature typed or project name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating)  DATE |                       |          |                      |   |
| 12,  | OFFICERS AND DIRECTOR |          | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE  | D                     | DELETE   | 1.1 1mle             | Change Addition   |
| NAME   | SHORTHOUSE, TODD      |          | 1.2 NAME             | ,   |
| STREET ADDRESS   | 3324 MONIKA CIR       |          | 1,3 STREET ADDRESS   |   |
| CITY-ST-ZIP  | ORLANDO FL            |          | 1.4 CITY-\$1-2IP     | 1.0 W   |
| TITLE  |                       | DELETE   | 2.1 TITLE            | Addition  |
| NAME   |                       |          | 2.2 NAME             |   |
| STREET ADDRESS   |                       |          | 23 STREET ADDRESS    | REINSTATEMENT OF THE PROPERTY |
| CITY-ST-ZIP  |                       |          | 2. 4 CITY - ST - ZIP |   |
| TITLE  |                       | DELETE   | 3.1 TITLE            | 900002325899-049  |
| NAME (   |                       |          | 3.2 NAME             | 10/22/07017   |
| STREET DORESS  |                       |          | 3.3 STREET ADDRESS   | ****750.00 ****750.00   |
| CiTY-ST ZIP  |                       | <u></u>  | 3.4. CITY-ST-ZIP     |   |
| TITLE 🕊  |                       | ☐ DELETE | 4.1 TITLE            | Change Addition   |
| NAME   |                       |          | 4. 2 NAME            |   |
| STREET ADDRESS   |                       |          | 4.3 STREET ADDRESS   |   |
| CITY-ST-ZIP  |                       |          | 4.4 City-St-Zip      |   |
| TITLE  |                       | ☐ DELETE | 5.1 TITLE            | ☐ Change ☐ Addition   |
| NAME   |                       |          | 5.2 NAME             |   |
| STREET ADDRESS   |                       |          | 53 STREET ADDRESS    |   |
| CITY-ST-ZIP  |                       | ·        | 5.4 CITY-ST-ZIP      |   |
| TITLE  |                       | DELETE   | 6.1 TITLE            | ☐ Change ☐ Addition   |
| NAME   |                       |          | 6.2 NAME             |   |
| STREET ADDRESS   |                       |          | 6.3 STREET ADDRESS   |   |
| CITY OF 71D  |                       |          | EACITY OF ZID        | i i   |

14. To 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.

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