FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069700 (0)

PRINTING PLUS, INC. OF NICEVILLE

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 860 JOHN SIMS PARKWAY NCEVILLE FL 32758 B80 JOHN SIMS PARKWAY NCEVILLE FL 32758 DO NOT WRITE IN THIS SPAC 3. Date Incorporated or Qualified	E
NICEVILLE FL 32758 NICEVILLE FL 32758 DO NOT WRITE IN THIS SPACE	E
3. Date Incorporated or Qualified	
09/20/1994	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 59-3265844	Not Applicable
	.75 Additional ee Regulred
City & State City & State Flection Comparing Engaging	5.00 May Be
28 Trust Fund Contribution	dded to Fees
Zip Country 2ip Country 8. This corporation owes or has paid the current y	
24 25 29 30 Personal Property Tax due June 30. Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
WEINSTOCK, MICHAEL 81 Name	
860 JOHN SIMS PKWY NICEVILLE FL 32578 82 Street Address (P.O. Box Number is Not Acceptable)	• • • • • • • • • • • • • • • • • • • •
83	
84 City FL 85	Zip Code
11. Pursuant to the provisions of Socious 607.0502 and 607.1508. Florida Statutes, the above parent corporation submits this statement for the purpose of change	ging 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ent as registered
SIGNATURE	
Signature typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required whon reinstating) DATE OFFICE ITS AND DESTROYCE TO DESTROYCE AGENT ADDRESS AND ADDRESS ADDRE	OTODO #4.44
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 TITLE 1 C	
NAME WEINSTOCK, MICHAEL 12 NAME	nange 🔲 Audition
AND SOURCE OFFICE DECISIONS	
MOCINILE EL 20750	
CITY-ST-ZIP TWOEVILLE PL 32/36 1.4 CITY-ST-ZIP TITLE D DELETE 21 TITLE C C	nange Addition
NAME WEINSTOCK, DIANA L 22 NAME	tungs
STREET ADDRESS 860 JOHN SIMS PARKWAY 2.3 STREET ADDRESS	
CITY-ST-ZIP NICEVILLE FL 2.4 CITY-ST-ZIP	[
	nange Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE C	nange
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
TILE DELETE 51 THE C	nange Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	ļ
CITY-ST-ZIP 5.4 CITY-S1-ZIP	
TITLE DELETE 6.1 TITLE	nange
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	ľ
CITY-ST-ZIP 6.4 CITY-S1-ZIP 14. I 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 the	

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 orgin attachment with an address.