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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P94000071356 (7)

ON DEMAND PRINTING, INC.

Mailing Address

FILED Feb 20 1997 8:00am Secretary of State



7833 N. ARMENIA AVENUE 7833 N. ARMENIA A TAMPA FL 33604 TAMPA FL 33604-38			VE						
						ite Incorporated or Qualified	3a. Date 01/25	of Last F 5/1996	Report
	lace of Business	2a. Mailing Address				Number			pplied For
21 1387 Suite Apt		· 	<u> </u>			59-3272362		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lot Applicable
22	# CIC	Suite, Apt. #, etc.			5. Ce	ertificate of Status Desired			Additional lequired
City & State	ph Florion	City & State			I .	ection Campaign Financing est Fund Contribution			May Be to Fees
Žφ 24 3362	46 25 Hillsbrough	Zip 29	Coun 30	try	Fic		⊒ fes □	No	3. 199.032,
	9. Name and Address of Current I	Registered Agent		Name	10, N	me and Address of New Re	egistered Ag	<u>Jent</u>	
COLLER, WAYNE L 7933 N. ARMENIA AVENUE TAMPA FL 33604					Address (P.O.	Box Number is Not Accepted	i RC LE		
1748	1174 FL 33004		ļ.	13	<u> </u>	U AIGH I C	rrcce	<u> </u>	
			-	14 City				es Zin	Code
				-	AMPA		FL	لک ا	36 24
11. Pursuant office or r	to the provisions of Sections 607,0502 a	and 607 1508, Florida Statu I Florida. Such change was	utes, the abo authorized	ove-named by the con	corporation so coration's boa	ubmits this statement for the p rd of directors. I hereby acce	purpose of c pt the appoi	hanging i otment a:	its registered s registered
agent. La	registered agent or both, in the State of im familia with, and accept the policia	ons of Section 607 0505, F	lorida Statu	tes.			n /.	. /	
SIGNATURE	1 roughe ar a	ana itte r appticable (NC	Off : Bennetered	Agent signature	required when rein	stating)	DATE	9/7	Z
12.	OFFICERS AND I		13.	agent organical		DITIONS/CHANGES TO OFFIC	CERS AND D	IRECTO	RS IN 12
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4. 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 charged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 6 USR - 41/17 -81

Daytime Phone #