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

**PROFIT** CORPORATION ANNUAL REPORT

1998

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Zip

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000071356 (7)

ON DEMAND PRINTING, INC.

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Principal Place of Business Mailing Address 13818 WRIGHT CIR 7933 N. ARMENIA AVENUE TAMPA FL 33626 TAMPA FL 33604 2. Principal Place of Business 2a. Mailing Address

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Suite, Apt. #, etc.

City & State

## FILED Feb 24 1998 8:00am Secretary of State

	DO NOT WRIT	E IN THIS	SPACE
3.	Date Incorporated or Qualified		
	09/28/1994		
١.	FEI Number		Applied For
	59-3272362		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required

This corporation owes or has paid the current year Intangible

\$5.00 May Be

Added to Fees

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

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10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Namo COLLER, WAYNE L 13818 WRIGHT CT Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33604** R4 City Zip Code

Country

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. Lam familiar with, and accept the diagraphy of Section 607.0505, Florida Statutes. (NOTE: Finglishered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE COLLER. WAYNE L 1.2 NAME 13818 WRIGHT CIR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME COLLER, NANCI J 22 NAME 13813 WRIGHT CIR STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 Tills F NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5 1 TITLE 52 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP ☐ DELFTE ☐ Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS **STREET ADDRESS** 

14. Thereby 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 13 if changed, or or an attachment with an address

SIGNATURE:

CITY-ST-2IP