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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000075914

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90028 029 \*\*\*150.00

CHEATIV	E PRINTING AND GRAPHICS	5, INC						
Principal Place	e of Business	Mailing Address				- I (MMITMALL LIM )MITT MINT MATT MATT AND THE MATTER MATTER	[### #### ####	1 (10)) miði ráði
2550 N. POWE		2550 N. POWERLINE ROA	D					
POMPANO BEA		POMPANO BEACH FL 33069						•
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed :10/13/1994		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
2. Trinciport	1400 01 240111000	26				65-0675558	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<del> </del>	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip Country		Zip Country			8. This corporation owes the current year In		_	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		. 1		10. Name and Address of New Registered	Agent	————
	Specific Days		ļ	81	Name			]
WOODRUFF, DAVID				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
	N. POWERLINE ROAD		ì					
POM	IPANO BEACH FL 33069		Į	83				}
			ŀ	84	City		85 Zip	Code
					•	Fl		
office or a agent. I a	to the provisions of Sections 07.0302 registered agent, or both, in the State of am familiar with, and accept the obligations.	it Florida. Such change was :	autnotizeo	ווז עס ו	e corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E Registered	Agent s	ignature required	when reinstating) DATE		
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 Til	Œ			Change	[ Addition
NAME	WOODRUFF, DAVID		1.2 NA	ME				Ĭ
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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 that the information indicated on this annual report or supplier ental 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 empowers 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 or an arachment with an address with all other like empowered.

SIGNATURE: