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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000080988

1. Corporation Name

DERINDA'S FIVE STAR SCREEN PRINT, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90093 048 ***150.00



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Principal Place of Business Mailing Address							7	f todilibbi sin idili ninii odiit a	#111 ## 111 ##1#1 (#	() 4014 181	B. 18181 1611 1621	
901 EDGAMOOR AVE. 901 EDGAMOOR AVE.							ľ		•			
SEBRING FL 33870 SEBRING FL 33870								DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed		_		
								11/01/1994		, 		
2. Principal Place of Business 2a. Mailing Address								FEI Number			Applied For	
25				·				65-0529178			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5.	Certifcate of Status Desired			Additional Required	
22 27 City & State City & State								Election Campaign Financing	. 	\$5.0	0 May Be	
City & State City & State 28							ľ	Trust Fund Contribution			d to Fees	
Zip Country Zip				Country			8. This corporation owes the current year Intangible					
24	24 25 29						Personal Property Tax. Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
	-			8	31	Name					1	
MCCOLLUM, JAMES F					82 Street Address (P.O. Box Number is Not Acceptable)				able)			
129 S COMMERCE AVE					32 Street Address (P.O. Box Number is Not Acceptable)						ì	
SEBF	RING FL 33870			8	33							
	-							<u> </u>		T		
					34	City			FL	1 1	p Code	
COLORS and COLORS and COLORS (Service the phase pared concerning 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
agent, rain raininal with, and accept the obligations of, occurred or 10000, rional occurred.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						signature required	d when re	einstating)	DATE			
12.		ND DIRECTOR		13.				ADDITIONS/CHANGES TO O	FFICERS AN	D DIREC	TORS IN 12	
TITLE	D		DELETE	1.1 TITU	E	7		•		Chang	e 🗌 Addition	
NAME	MANN, DERINDA J			1.2 NAM	E	· [.					i	
STREET ADDRESS	901 EDGEMOOR AVE			13 STR	FETA	ADDRESS						
	SEBRING FL 33870			1.4 CITY-ST-ZIP			•			İ		
CITY-ST-ZIP	SEBRING LE 30070		DELETE	2.1 TITL		- 211				Chang	e	
TITLE			2.2 NAME			•			1			
NAME				2.3 STREET ADDRESS		4DDDEGG					Ī	
STREET ADDRESS	SS ·									•		
CITY-ST-ZIP				2.4 CITY-ST-ZIP				<u> </u>		Chang	e Addition	
				3.1 TITL							- 0.12011011	
NAME	J.		3.2 NAME						Ì			
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CITY-ST-ZIP			-	3.4. CITY-ST-ZIP					Chen	- Addition		
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TITLE			DELETE	5.1 TITL	E	<u> </u>				Chang	e 🗌 Addition	
NAME				5.2 NAM	Æ			•	•			
STREET ADDRESS		-		5.3 STR	EET A	ADDRESS		,			ļ	
CITY-ST-ZIP				5.4 CfTY	/-\$T-	-ZiP						
TITLE			DELETE	6.1 TITE	E					Chang	e Addition	
NAME	1			6.2 NAM	Æ	1		y)	
				6.3 STR	EET /	ADDRESS						
STREET ADDRESS	,				/ CT-	l					İ	

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 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, with all other like empowered.