## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

NAME STREET ALTORESS

City-5" ZiP

SIGNATURE:

DOCUMENT # P94000090212 (9)

Maibna Address

PELICAN PRESS PRINTING, INC.

13710 49 STREET N 13710 49 STREET N CLEARWATER FL 34622-3755 **CLEARWATER FL 34622** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1995 06/13/1996 4. FEI Number 2. Paneipat Place of Business 2a. Malling Address Applied For 59-3284775 Not Applicable 26 Suite Apt #. etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Žφ Country Country This corporation has liability for intangible tax under s. 199.032, X Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name MIZIO, ARMANDO F 25400 US 19 NORTH SUITE 210 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34623** 83 City Zip Code 85 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 wat, and accept the obligations of, Section 607.0505, Florida Statutes. Supermise type dioxigentical name of registered agent and tite it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 96/6) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_ Addition 1.1 TITLE THLE O'BRIEN, FRANK NAME 1.2 NAME 7501 142 AVE N LOT 503 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34641** C-TY - 51 - 20 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE N-37: 22 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP **CITY ST ZP** DELETE Addition 3.1 TITLE Change TOTALF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY- \$1-ZIP OHY 51 26 DELETE Change \_\_\_ Addition THLE 4.1 TIRLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESSS 4 4 CITY - ST- ZIP CITY - ST. 70 DELETE Change Addition 5 1 TITLE Till: 6 NAME 5.2 NAME 53 STREET ADDRESS STREET AUGRES! 5.4 CITY-ST-ZIP CHY- 51-7+ DELETE Change Addition 61 TITLE TITLE

6.2 NAME

14. 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

LYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 trokenged, of on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

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

Frank O'Brien

01/17/97

813-573-2636