## 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 # P9400090807

1. Corporation Name

P S PRINTING AND MARKETING, INC.

					_			
Principal Place of Business Mailing Address						A LONGING COM LANGE CONTRACTOR		
240 SOUTH BEACH STREET DAYTONA BEACH FL 32114  240 SOUTH BEACH STREET DAYTONA BEACH FL 32114						DO NOT WRITE IN T	HIS SPACE	
		•				3. Date Incorporated or Qualifed		
						01/02/1995		
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For
21 26						59-3288079		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	5 Additional
22		27 :				3. Certificate of States Booked	Fee	Required
City & Stat	e .	City & State	<b>⊢</b> ′			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		
24	25	29 30	<u> </u>			Personal Property Tax.	Yes	€iNo
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	ed Agent	
VOL	ALC: LAV ALADVIAN			81	Name			
	NG, JAY MARVIN		82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
	SOUTH BEACH STREET							
DAY	TONA BEACH FL 32114			83				
				84	City		. 85 Z	Zip Code
					City	i i	<b>:</b> "  `	
office or r	egistered agent, or both, in the Sta	502 and 607.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 607.0505, Florida	orized	i by ti	named corpor he corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	e of changing pointment a	g its registered s registered
SIGNATURE		NOTE D		A	signature required	when reinstating) DATE		
42	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
TILE	D	☐ DELETE	1.1 TI	ΠE		ADDITIONO/OF WYOLD TO OF FIGURE	Char	
NAME	YOUNG, JAY MARVIN	<del>_</del> ·	1.2 NA					
STREET ADDRESS	4400 CARNETA AND		1.3 STREET ADDRESS		ADODESS			
	HOLLY HILL FL 32117		ŀ	TY-ST-				İ
CITY-ST-ZIP TITLE	D	DELETE	2.1 TF		ZIF	, proper	☐ Char	ge Addition
NAME	YOUNG, BARBARA A		2.2 NA				_	
STREET ADDRESS	4400 OABHEN 415				ADDRESS			
	HOLLY HILL FL 32117			TY-ST		<u> </u>		ļ
CITY-ST-ZIP TITLE	TIOLET THEE TE GETTY	☐ DELETE	3.1 TT		-231		☐ Char	ige
NAME		_	3.2 NA					
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP				ITY-ST				
TITLE		☐ DELETE	4.1 TF		=		☐ Char	nge
NAME		_	4.2 N					
STREET ADDRESS	•				ADDRESS			Ţ
CITY-ST-ZIP				TY-ST-	1			
TITLE		☐ DELETE	5.1 TI			, <u>Jan 1987</u>	Char	nge Addition
NAME			5.2 N/					
STREET ADDRESS			5.3 ST	REET A	ADDRESS	•		
				TY-ST-	1			-
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI		-		Char	nge Addition
NAME		<u> </u>	6.2 NA	WE			_	·
	C. Machine Control				ADDRESS			}
	Guerra Strate			TY-ST-				}

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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90094 018 \*\*\*150.00

A COMPLEMENTAL PROPERTY OF THE CONTRACTOR OF THE