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

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 06 1998 8:00am Secretary of State

	1990	DIVISION OF	CORPORAT	10145		or State
•	IMENT # P9400 IRA PRINTING, INC.	00093877 (6)				
						. 1
Principal Plac	ce of Business	Mailing Address				##
213-150TH AVE 213-150TH AVE						
MADEIRA BE	EACH FL 33708		ADEIRA BEACH FL 33708		DO NOT MORE IN THIS	554.05
	•				DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
					12/27/1994	
	2. Principal Place of Business 28. Mailing Address				4. FEI Number	Applied For
21 26 Suite, Apt. #, elc. Suite, Apt. #			Alc		59-3291096	Not Applicable
22 Solite, Apr. #, arc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State : City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cur	· ·
24	g, Name and Address of Curre	29 29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
VA	N HOVEN, DANIEL L		81	Name	10, Number and Address of their freglatered	∨An.u.
213-150TH AVE				Street Ac	ddress (P.O. Box Number is Not Acceptable)	
MADEIRA BEACH FL 33708				Oliobi Ac	adress (1.0. box Northbel 1s Not Acceptable)	
			83	•		
	1		84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	tes the abov	e-named co	FL orporation submits this statement for the purpose of	f changing its registered
office or r	registered agent, or both, in the Statem femiliar with and acceptable obline	e of Florida. Such change was	authorized b	y the corpo	ration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Nami Van	Non	unua Sialule	5.	1/-	7/98
	Signature, typed or printed name of registered as	gent and title if applicable (NO)	E. Registered Ag	ont e gnature re	quired when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS DELETÉ		13.		ADDITIONS/CHANGES TO OFFICERS AND	
NAME	VAN HOVEN, ABRAM		1.2 NAME			Change Addition
STREET ADDRESS	15527 REDINGTON DR			T ADDRESS		
CITY-ST-ZIP	REDINGTON BEACH FL 337	08	1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	VAN HOVEN, JUNE		2.2 NAME			
STREET ADDRESS	15527 REDINGTON DR	00		F ADDRESS		
TITLE	REDINGTON BEACH FL 33708		2. 4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
NAME	VAN HOVEN, FAITH A		3.2 NAME			Cristical
STREET ADDRESS	15527 REDINGTON DR			I ADDRESS		
CITY-ST-ZIP	REDINGTON BEACH FL 337		3.4. CITY-	ST-ZIP		
TITLE	0	☐ DELETE	4.1 TITLE	1		☐ Change ☐ Addition
NAME OTOGET ABDRESS	VAN HOVEN, DANIEL L		4. 2 NAME	- 1		
STREET ADDRESS CITY-ST-ZIP	7260 - 60TH AVE NORTH ST PETERSBURG FL 33709		4.3 STREET	ADDRESS		
TITLE	ALI BIRINGALIA LE ANTON	DELETE	5.1 TITLE	01-74E		Change Addition
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		H	5.4 CITY - S	ST - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
	ertify that the information supplied v	with this filing does not qualify for	or the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further cer	rtify 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, of on an attachment with an address.