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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022070 (3)

1. Corporation Name
JIFFI PRINT, INC.

Principal Place of Business
206 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address
3333 APENZELL CT
LAS VEGAS NV 89129-6181
US



3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0566352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent IHRIE, ROBERT S 206 S. MILITARY TRAIL DEERFIELD BEACH FL 33442	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	IHRIE, ROBERT S	1.2 NAME	IHRIE, ROBERT S.
STREET ADDRESS	954 BANYAN DR.	1.3 STREET ADDRESS	9650 STANGE AVE.
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	LAS VEGAS, NV. 89129
TITLE	DV	2.1 TITLE	
NAME	IHRIE, JEAN N	2.2 NAME	
STREET ADDRESS	3333 APENZELL CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89129	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	IHRIE, PAUL D	3.2 NAME	
STREET ADDRESS	3333 APENZELL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89129	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Paul D. Ihrie DATE: 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: _____ DAYTIME PHONE # _____

CR2E034 (9/96)