SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 AUG 23 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030190

1. Corporation Name: Five Star Inks + Coatings, Inc.

Principal Place of Business / Mailing Address: 936-C East 124th Ave. Tampa, Fl. 33612

2. Principal Place of Business	2a. Mailing Address	
21 9009 Western Lake Dr.	26	
Suite, Apt #, etc. 22 1409	Suite, Apt #, etc. 27	
City & State 23 Jacksonville, Fl	City & State 28	
Zip 24 32256 Country 25 USA	Zip 29	Country 30

3. Date Incorporated or Qualified: 4-13-95
3a. Date of Last Report:
4. FEI Number: 59-3312444 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Ronald R. Skrumbellos
82 Street Address (P.O. Box Number is Not Acceptable): 9009 Western Lake Dr.
83 #1409
84 City: Jax, Fl. FL 85 Zip Code: 32256

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	Pres	[ ] DELETE
NAME	Ronald R. Skrumbellos	
STREET ADDRESS	9009 Western Lake Dr.	
CITY-ST-ZIP	Jacksonville, Fl. 32256	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec Trea	[X] DELETE
NAME	Joey S. Skrumbellos	
STREET ADDRESS	159 N. E Monroe Circle #11	
CITY-ST-ZIP	St. Petersburg Fl. 33703	
TITLE	Vice President	[X] DELETE
NAME	Bonny Leviner	
STREET ADDRESS	10930 N. Boulevard	
CITY-ST-ZIP	Tampa, Fl. 33612	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	V.P. + Sec + Trea	[ ] Change [X] Addition
2 2 NAME	Lori Skrumbellos	
2 3 STREET ADDRESS	9009 Western Lake Dr. #1409	
2 4 CITY-ST-ZIP	Jax, Fl. 32256	
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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****233.75 ****233.75

8/26/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Ron Skrumbellos — 8-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #