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FILED

Mar 07 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 # P95000046833 (6)

1. Corporation Name

CALIFAR'S PRECISION PRINTING, INC.

Principal Place of Business

2021 LAKEVIEW AVE  
CHULUOTA FL 32768

Mailing Address

2021 LAKEVIEW AVE  
CHULUOTA FL 32768-9145



3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

03/07/1996

4. FEI Number

59-3282738

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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

2. Principal Place of Business

2a. Mailing Address

21 3025 SILVER STAR RD

26 3025 SILVER STAR RD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 115

27 Suite 115

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32808

25 ORANGE

29 32808

30 ORANGE

9. Name and Address of Current Registered Agent

CALIFAR, VALERIE E  
2021 LAKEVIEW AVE  
CHULUOTA FL 32768

10. Name and Address of New Registered Agent

81 Name

82 VALERIE E. CALIFAR II

83 Street Address (P.O. Box Number is Not Acceptable)

140 N. ULYSSES DR

84

City

APOPKA

FL

85 Zip Code

32703

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

*Valerie E. Califar II*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME CALIFAR, VALERIE E  
STREET ADDRESS 2021 LAKEVIEW AVE  
CITY-ST-ZIP CHULUOTA FL 32768

TITLE D ☐ DELETE  
NAME CALIFAR, VALERIE E II  
STREET ADDRESS 140 N ULYSSES DR  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ DELETE  
NAME MARY CALIFAR  
STREET ADDRESS 140 N ULYSSES DR  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

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

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:

*Valerie E. Califar II*

3/3/97

407-522-7661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)