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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000049153 (6)

CANNON PRESS, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address									
733 W CHURCH ST ORLANDO FL 32805			733 W CHURCH ST ORLANDO FL 32905-2209								
							I .	Date Incorporated or Qualified 06/22/1995		ate of Last I	
2. Principal Place of Business			2a. Mailing Address					FEI Number			Applied For
21			26					59-3352957 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
City & State			City & Chale								Required
23			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country						Trust Fund Contribution Added to Fees 8. This corporation has liability for integrigible tax under s. 199.032,				
24	25	,	29	30	n *		8.	This corporation has liability to Florida Statutes	r interigible Ves	tax under : □ No	s. 199.032,
9. Name and Address of Curren						10.	10. Name and Address of New Registered Agent				
TAYLOR, STEVE						Name					
733 W CHURCH ST			00 00			. 6 .1-1 25					
ORLANDO FL 32805			82 Street A			Address (P	.O. Box Number is Not Accepta	ible)			
ORLANDO I E 32003					83						
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of egistered agent, or manifer with lead	Sections 607.0502 a both, in the State of	rid 607.1508, Flor Florida, Such cha	ida Statutes, t	the above orized by	-named the cor	d corporation rporation's b	n submits this statement for the loard of directors. I hereby acc	purpose of opt the app	changing ointment as	its registered s registered
SIGNATURE	rivialima viai, and	accept the obligation	ons or, occuping of	.ooob, Honda	a Statutes						
SIGNATURE	Signature, typed or printed	I name of registered agent a	nd title if applicable	(NOTE Re	gistered Age	it signatur	rc required when	reinstating)	DATE		
12.		OFFICERS AND D	DIRECTORS		13.		P	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
TITLE	D ·			ELFTE	1.1 TITLE					☐ Change	Addition
NAME	TAYLOR, STEVE			1.2 NAME							
STREET ADDRESS	0201 0200000000000000000000000000000000			1.3 \$1		ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32822				1.4 CITY · ST - ZIP						
TITLE	D			DELETE	2.1 TITLE					Change	Addition
NAME	Farmer, Robert				2.2 NAME						
STREET ADDRESS	0110111212133		2.3 \$		2.3 STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 3	2822			2.4 CITY - S	T-71P					
TITLE				DELETE	3.1 TITLE					Change	Addition
NAME				I	3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP					3.4 CITY-S	T-71P					•
TITLE				DELETE	4.1 TITLE					Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE1 .	ADDRESS	1				
CITY-ST-ZIP					4.4 CITY - ST	- 7IP					
TITLE			□ 0	DELETE	5.1 TITLE					Change	☐ Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREFT	ADDRESS					
CITY-ST-ZIP					5.4 CITY - ST	- Z IP					
TITLE				ELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS				ľ	6.3 STREET	ADDRLSS					
CITY-ST-ZIP					6.4 CHY-S1	· ZIP	1				

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:

Cition 11

4-24-97

407-481-0092