


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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000076025 (2)  
1. Corporation Name  
FULL-TIME PRINT & TYPESETTING CORPORATION

Principal Place of Business 6822 17TH ST S ST PETERSBURG FL 33712 US	Mailing Address P O BOX 10553 ST PETERSBURG FL 33733-553 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6822 17th St S Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33712		2a. Mailing Address 25 P.O. Box 10553 Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33733		3. Date Incorporated or Qualified 09/29/1995	
25 USA		30 USA		4. FEI Number 59-3367721 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		9. Name and Address of Current Registered Agent HAUCK, M 6822 17TH ST S ST PETERSBURG FL 33712		\$5.00 May Be Added to Fees	

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 M. Hauck, VC 3-20-98 DATE  
Signature of type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, DEBORAH	1.2 NAME	
STREET ADDRESS	6822 17TH ST S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, MANFRED	2.2 NAME	
STREET ADDRESS	6822 17TH ST S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECK, MATTHIAS	3.2 NAME	
STREET ADDRESS	6822 17TH ST S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	OWNER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deck, Margarete	4.2 NAME	
STREET ADDRESS	Sigmaringer Str. 258	4.3 STREET ADDRESS	
CITY-ST-ZIP	Stuttgart, 70597, Germany	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: D. Hauck D. Hauck President 3/22/98 (813) 867-5426  
Signature and typed or printed name of signing officer or director Date Filing Fee \$ 0499123

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