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May 09 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 # P95000076915 (4)
1. Corporation Name
IMPERIAL AUTOMATIC INKERS, INC.



Principal Place of Business: 2807 STEARNS ROAD VALRICO FL 33594
Mailing Address: PO BOX 1059 VALRICO FL 33595-1059

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report: 04/22/1996
4. FEI Number: APPLIED FOR 59-3372689 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

21. Principal Place of Business: 501 Sou Faulkenburg Rd
22. City & State: C-1 Tampa, FL 33619
23. Zip: Hillsborough
24. Country: Hillsborough
25. City & State: Hillsborough
26. Zip: Hillsborough
27. Country: Hillsborough
28. City & State: Hillsborough
29. Zip: Hillsborough
30. Country: Hillsborough

9. Name and Address of Current Registered Agent: RAY, BEN T 2807 STEARNS ROAD VALRICO FL 33594
10. Name and Address of New Registered Agent: 81 Name: MICHAEL J. MCDERMOTT, ATTY AT LAW
82 Street Address (P.O. Box Number is Not Acceptable): 791 WEST LUMSDEN RD
83: BRANDON, FL 35511
84 City: BRANDON FL 85 Zip Code: 35511

11. Pursuant to the provisions of Sections 607.002 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: *Michael J. McDermott*
Signature typed or printed name of registered agent: MICHAEL J. MCDERMOTT, ATTY AT LAW (signating)
DATE: 4-30-97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | PT | <input checked="" type="checkbox"/> DELETE |
| NAME | RAY, BEN T | |
| STREET ADDRESS | 2807 STEARNS RD | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, MARTHA F | |
| STREET ADDRESS | 1217 BIG PINE DR | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PT | <input checked="" type="checkbox"/> |
| 1.3 STREET ADDRESS | MARTHA F. SMITH | |
| 1.4 CITY-ST-ZIP | 1119 BLOOM HILL AV VALRICO, FL 33594 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | VPS | <input checked="" type="checkbox"/> |
| 2.2 NAME | LINDA F. THOMAS | |
| 2.3 STREET ADDRESS | 1119 BLOOM HILL AV | |
| 2.4 CITY-ST-ZIP | VALRICO, FL 33594 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Martha F. Smith* MARTHA F. SMITH 4/30/97 (813) 654-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)